FACILITATOR'S MANUAL

Morehouse School of Medicine
Prevention Research Center

•

National Black Leadership Initiative on Cancer III:
Community Networks Program

•

Georgia Comprehensive Cancer Control Program

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Regional Cancer Coalitions of Georgia

This manual is a publication of the
Colorectal Cancer Screening Intervention Program

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BACKGROUND:

Colorectal Cancer Screening Intervention Trial (CCSIT)

We tested the effect of three types of interventions on (1) the knowledge, attitudes and beliefs (KABs) about colorectal cancer among African Americans for whom screening is recommended and (2) the effect of the three different approaches on adherence to screening guidelines. Three hundred sixty nine Atlanta-area African American men and women aged 50 and above were randomized to one of the three interventions or a control arm. A health educator conducted counseling and educational sessions. "Reducing out-of-pocket costs" consisted of reimbursement of out-of-pocket expenses up to $500. We assessed baseline and post intervention data on KABs through questionnaires and assessed screening outcomes six months after the intervention. The small group educational intervention resulted in the greatest improvement in KAB; the individual counseling intervention also demonstrated improvement. The small group educational intervention was associated with the highest screening rates post-intervention (p= 0.039 compared to the control cohort). However, even in this group, only about 40% of participants were screened 6 months after the intervention. Persons in the "reduced out-of-pocket expense" group were no more likely to be screened than the controls (about 20%). The small group milieu is conducive to both learning and behavior change. Rates of completed screening were surprisingly low post-intervention. Financial barriers may not be the greatest obstacle to screening for colorectal cancer. Additional research into approaches to increasing colorectal cancer screening among African Americans is warranted. This work was supported by:

1) lUOlCA114625 (NCI): Community Networks Program
2) 5U48DP000049 (CDC): Prevention Research Center; Cancer Prevention & Control Research Network
3) U54CA118638 (NCI): Minority Institution / Cancer Center Partnership.

Colorectal Cancer Screening Intervention Program (CCSIP)

In an effort to implement interventions targeting beneficial colorectal cancer screening behaviors, we executed an evidence-based public health program targeting 22 Fulton County senior citizen centers. We established a partnership with the Fulton County Department of Health & Wellness to deliver small group educational sessions focused on incidence and mortality, lifestyle behaviors / risk factors and screening guidelines related to colorectal cancer. Based on the Colorectal Cancer Screening Intervention Trial (2000-2006) results, an educational curriculum was developed and community health workers and health educators were trained as facilitators. Through this partnership, men and women 50 years and older receiving services from senior citizen centers will participate in three colorectal cancer screening education sessions. To date, 341 participants from seven senior centers have attended CCSIP sessions since November, 2008. Additional centers are currently targeted for implementation.

FACILITATOR TRAINING

This user-friendly Facilitator Training Manual has been developed for the Colorectal Cancer Screening Intervention Program (CCSIP). The facilitator training is designed to educate facilitators through structured short-term didactic experiences aimed at motivating individuals to facilitate colorectal cancer screening education sessions. This training introduces basic vocabulary, concepts, and methods of community-based cancer control and instructional strategies for urban and rural African Americans of varying health literacy in a community environment.

The goal of this training, in addition to mastery of the CCSIP protocol, is to strengthen communication skill development, knowledge acquisition and personal awareness related to African Americans. Additionally, the goal will be to focus on participants' communications skills building related to cancer communications and information retrieval and management. Interactive training offers a promising way of teaching communications skills and aspects of facilitator-participant relationships. Among these, cognitive (e.g. theoretical information), experimental (e.g., case-history discussions), behavioral (e.g. role-playing exercises) and supportive (e.g. stressors identification) training techniques can be used to teach the essential skills of good communication, i.e., listening, empathy, response to cues and appropriate use of reassurance.

The RCCG members and community partners will learn the language of colorectal cancer, various methods of early detection and treatment, how to synthesize educational literature and how to improve the practice of community-based cancer early detection in the state of Georgia. Each facilitator training session will remain flexible and tailored to the needs of the targeted training group, but will cover the following topics:

1) Introduction / CCSIP Overview
2) Health education communications
3) Instructional strategies
4) Barriers / enablers to colorectal cancer screening.

The certified training will include:

- A review of the three CCSIP sessions
- A practicum which includes objective evaluation of facilitators' presentations
- Certificates distributed via U. S. mail following facilitator training.

Multimodal techniques that influence attitudes as well as change knowledge may be useful in assisting health care providers in effectively communicating. Salient features of these techniques are that they: 1) blend didactic and field learning using lectures, case studies, patient contact and role modeling; 2) emphasis of group discussion and problem solving and 3) focus on developing communication skills and a capacity to empathize through experimental exercises, dialogue and role-playing.

THE COLORECTAL CANCER SCREENING INTERVENTION PROGRAM

CCSIP includes community engagement through a partnership with the community, public health researchers and state policymakers. Each intervention session will include a maximum of 20 (with an average of 10-12) participants.

CCSIP Intervention Sessions

Number	Title	Content
1	**Introduction to CCSIP**	This session provides a general overview of colorectal cancer (CRC) facts. Definitions and screening guidelines; fecal occult blood test (FOBT), Sigmoidoscopy, colonoscopy, double contrast enema; digital rectal exam (DRE); costs; insurance coverage; CCSIP colorectal cancer screening goals.
2	**Colorectal Cancer Screening, Symptoms and Diagnosis**	Common symptoms explained. Finding the cause of symptoms through CEA assay, biopsy, x-rays, sigmoidoscopy or colonoscopy. Definition of treatment methods (surgery, chemotherapy, radiation therapy, biological therapy) Clinical Trials; Social support; developing a plan; monitoring success; CCSIP colorectal cancer screening goals.
3	**Maintaining Healthy Habits**	This session encourages participants to incorporate healthier cooking and eating habits into their lifestyles. It also focuses on CRC screening as an important health habit.

Educational Facilitators

The RCCG coalition members and collaborating partners are qualified to serve as CCSIP facilitators. In addition to public health professionals, cancer survivors and advocates, community members, church and civic leaders, as well as others interested in lowering colorectal cancer incidence and mortality will be invited to serve as facilitators. Although there are no formal qualifications, CCSIP facilitators will accept and promote the United States Preventive Services Task Force, the American Cancer Society (ACS) and the Agency for Healthcare Research and Quality (AHRQ), guidelines on colorectal cancer screening. Two CHAs per RCCG will be selected to serve as CCSIP educational facilitators. These individuals will be chosen based on their knowledge of their community, ability to engage potential participants and willingness to serve. Each CHA candidate will be interviewed by RCCG staff and partners and evaluated based on these criteria. Two CHA's for each RCC will be trained for the purposes of this study.

SESSION 1:

INTRODUCTION TO THE COLORECTAL CANCER SCREENING INTERVENTION PROGRAM

PURPOSE: This lesson provides a general overview of colorectal cancer (CRC) facts.

ESTIMATED DURATION (60 Minutes):

Networking Social (10 min)

Slide Presentation (40 min)

Question/Answer Period (10 min)

TEACHING OBJECTIVES:

- To define the program goal and purpose
- To provide an overview of colorectal cancer

MATERIALS:

Sign-In Sheet

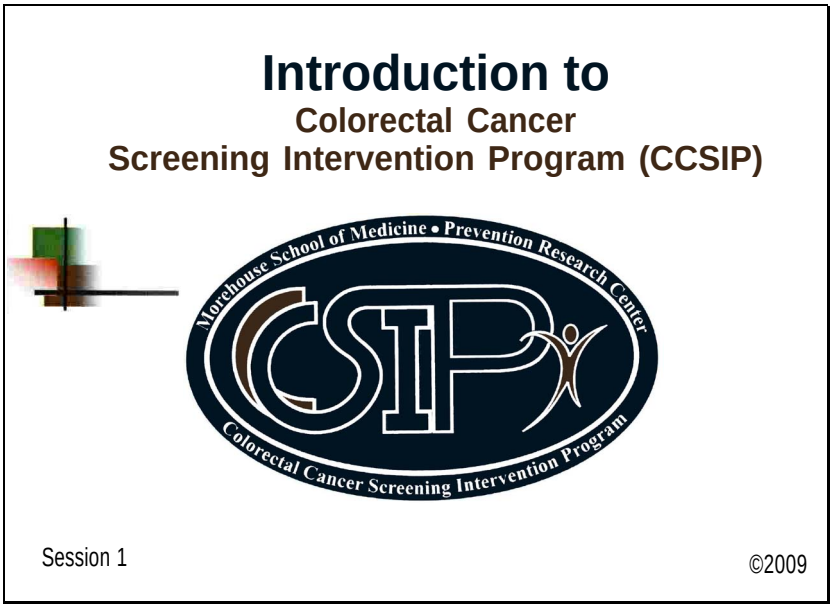
Slides

AV Equipment

Brochure #l: Prevention and Early Detection is Key

PROCEDURES: Greetings, introductions and begin the slide presentation with question/answer session to follow. Let them know that you will get back with them if you are unsure of an answer. Make a note of unanswered questions and give it to CCSIP staff. Be sure that everyone has signed in and give each participant a handout if available. Remind them of the location and time of the next meeting if known, then dismiss the group.

Slide 2



Greet the audience

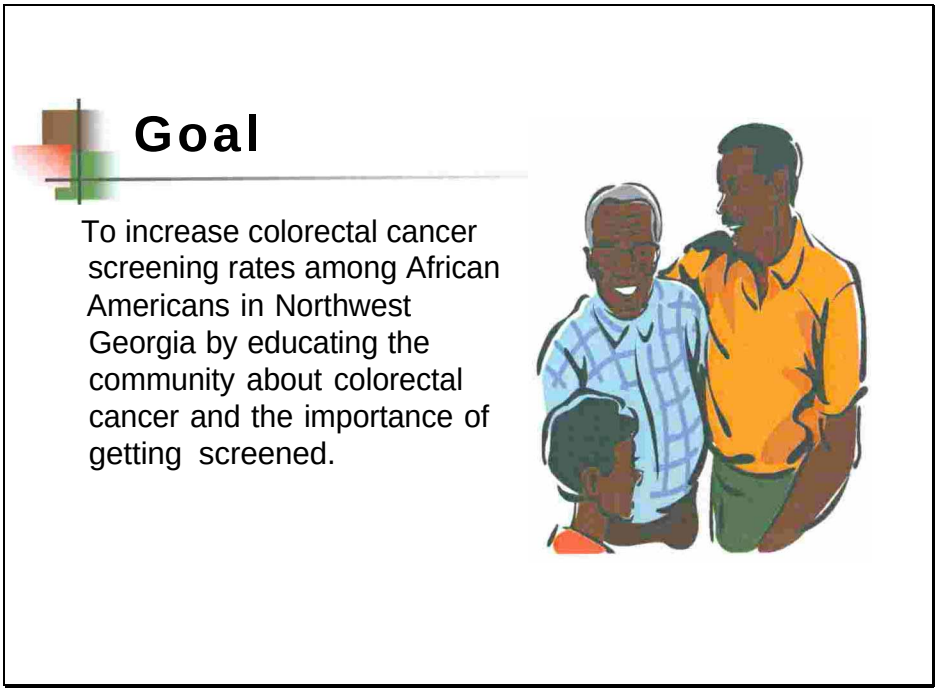
•The Colorectal Cancer Screening Intervention Program, or "CCSIP" is a program of Morehouse School of Medicine Prevention Research Center, National Black Leadership Initiative on Cancer III: *Community Networks Program,* Georgia Comprehensive Cancer Control Program and the Regional Cancer Coalitions of Georgia

•On behalf of the CCSIP team, I would like to thank you for joining us today, and thank name of center contact for hosting our session.

•In today's session, we are going to talk about the CCSIP project and what it means for you. We will also begin to share some background information about colorectal cancer.

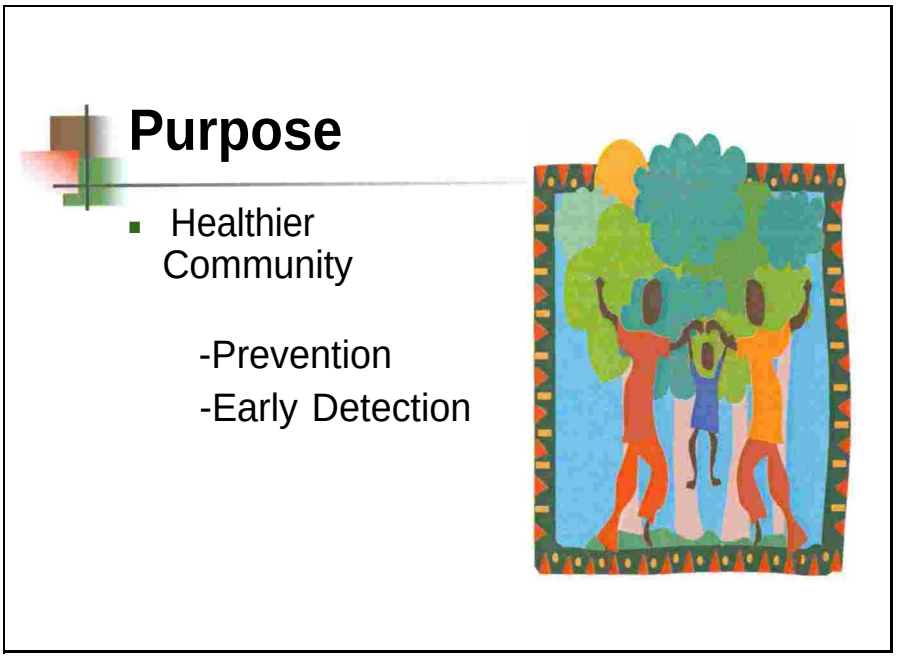
•But before we begin, let's get to know each other. Tell us your name and one interesting thing about yourself. I'll start. **(Share personal information, and then ask the group members to do the same. Limit introductions to 30 seconds.)**

Slide 3



•The goal of the CCSIP is to increase colorectal cancer screening rates among African Americans in Northwest Georgia by educating the community about colorectal cancer and the importance of getting screened.

Slide 4



• Why is there a need to increase colorectal cancer screening rates among African Americans?

•The answer is for a healthier community.

-Colorectal cancer is the third most common cancer in African American men and women.
- In 2009 an estimated 16,520 cases of colorectal cancer are expected to occur among African Americans.
- Also, an estimated 7,120 deaths from colorectal cancer are expected to occur among this same population.

•Prevention and Early Detection are key!

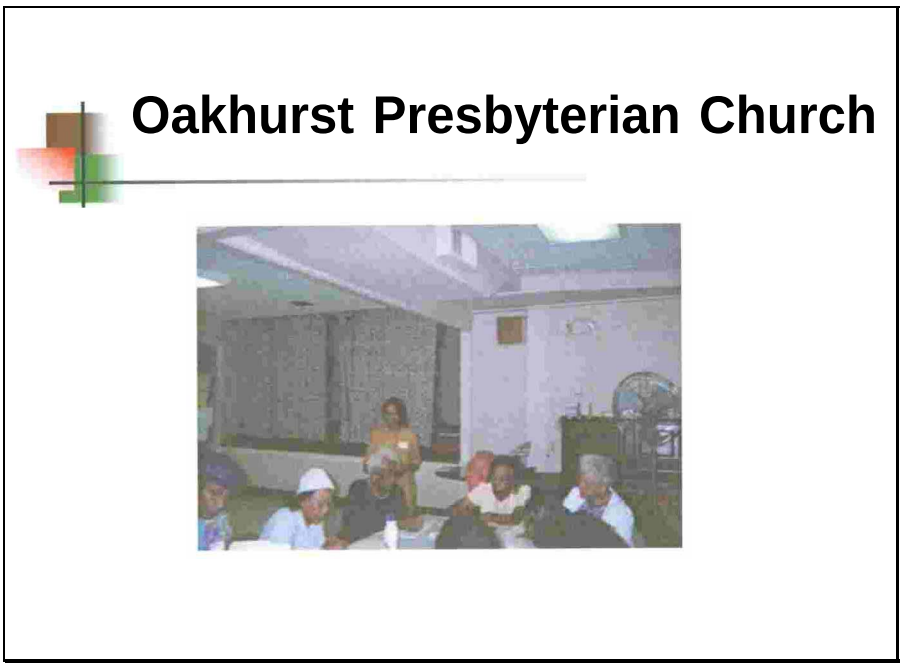
Prevention

With proper screening, 90% of all cases and deaths are thought to be preventable.

Early Detection

-When colorectal cancer is found early and treated, there is a 90% survival rate.
-However, less than half of all cases occur at an early treatable stage.

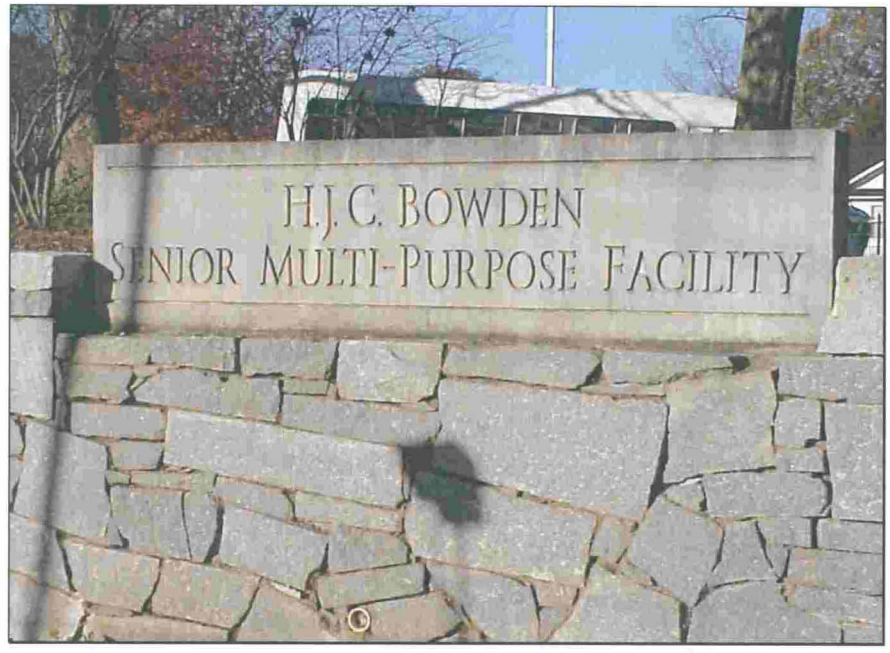
Slide 5



In this past, this program was offered to churches, clinics and community centers throughout Fulton County as the Colorectal Cancer Screening Intervention Trial. Based on the results of this research study, we develop a program called CCSIP for senior centers.

This is a shot of some of our participants at one of our church sites.

Slide 6



This is one of our Senior Center Facilities

Slide 7

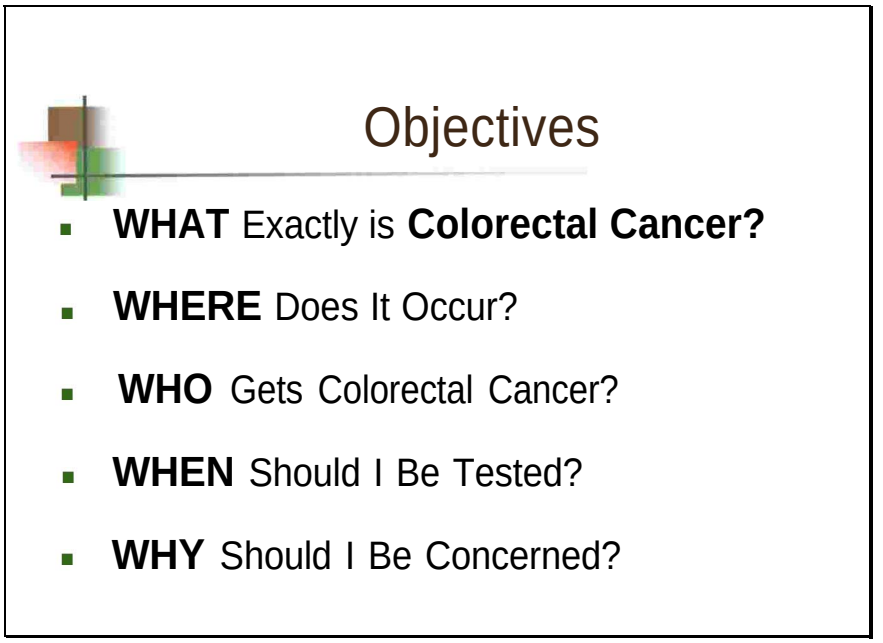
West End Medical Center is one of the sites for our original study. Patients at this health center also worked with us on the research project.

We shared these photos with you to give you an idea of who has partnered with us to spread the news about colorectal cancer. You have now been added to the number. Thanks for participating with us!

Slide 8

COLORECTAL CANCER OVERVIEW

Slide 9



•In today's lesson, we will give you a basic overview of colorectal cancer (CRC).

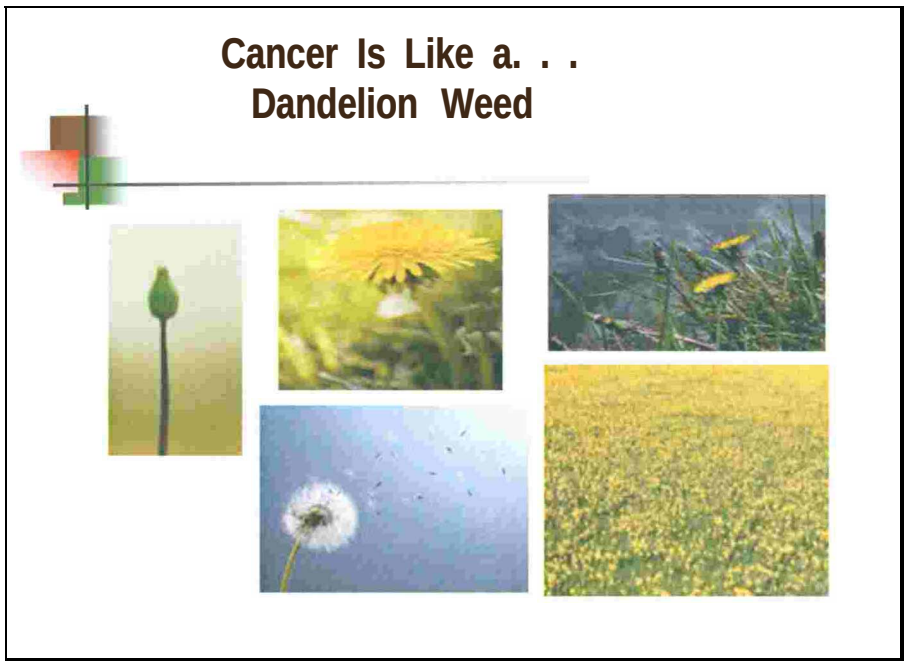
•You will learn what CRC is, where it occurs in the body, who gets it, and when you should begin screening.

•Finally, we will address why it is so important for all of us to be concerned about CRC.

•But before we begin, let's talk about cancer in general. Would anyone like to tell me your definition of cancer? **Allow time for responses.**

•Okay, let me share another definition with you.

Slide 10

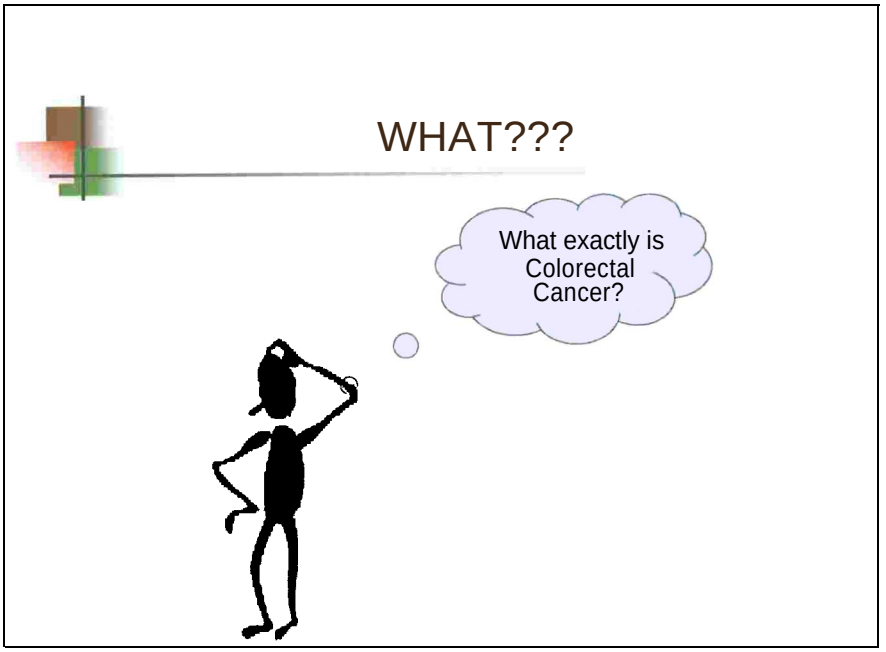


•Our bodies are made up of cells. As you may know, the cell is the basic unit of life. During our youth, it's normal for our cells to grow and divide, but when cells start to grow out of control and spread, this is what is referred to as cancer. Cancer acts very much like a dandelion weed

•Cancer begins to bud like a dandelion weed. If not detected early, the cancer can continue to grow. One cancer cell can divide into many cells and possibly spread to other parts of the body. We have to be very watchful to make sure we don't miss the beginning of cancer. Depending on where the cancer cells start, you may NOT be able to see or feel it. That's why it's important to get preventive screenings.

•Now, there are many types of cancer, but the top four cancers commonly diagnosed among African Americans are prostate, lung, breast, and colorectal. From this point forth, we will focus on colorectal cancer and some steps that you can take to prevent it.

Slide 11

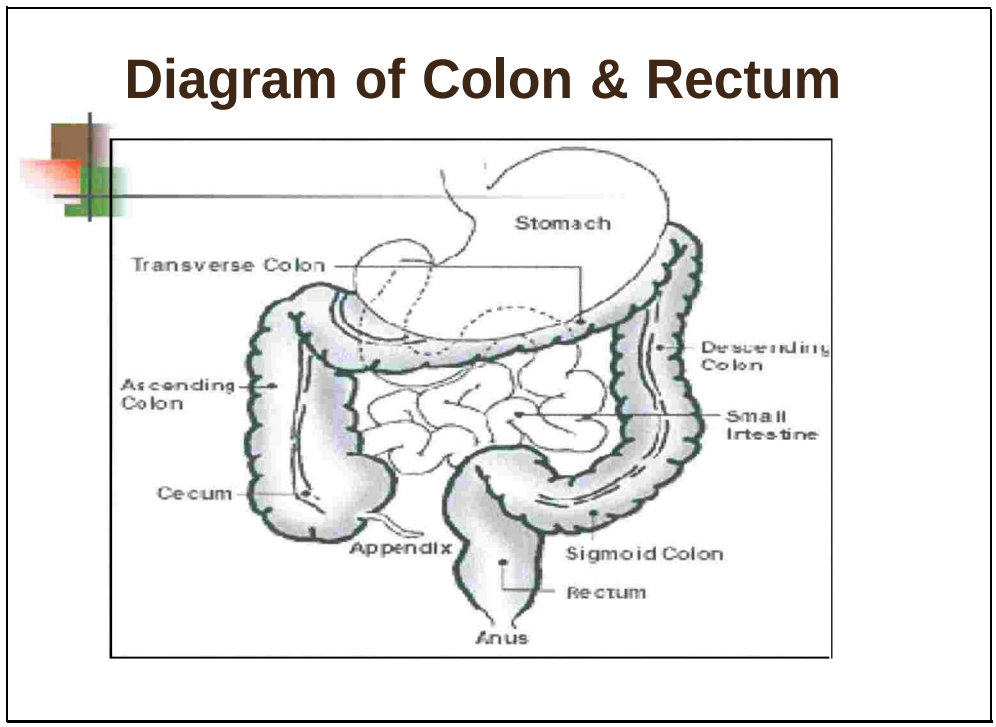


•If you're like me, you have probably heard about colorectal cancer, but you still may not know all there is to know. By the end of this project, we hope that you will be more familiar with what colorectal cancer is and how to get screened.

•Would anyone like to share what you think colorectal cancer is? **Allow time for response.** Okay, let's take a closer look.

•Okay, I will first show you where colorectal cancer occurs in the body, then we will look at a few definitions.

Slide 12



(Interaction)

•This is a picture of the digestive tract. The dark gray shaded area is the large intestine which is about 5-6 feet in length **(point to shaded area).** Who can tell me what the large intestine is made of? That's right, the colon and rectum. This is where the nutrients and vitamins from our food are absorbed. The large intestine is also responsible for getting rid of waste in the form of feces or stool from the body.

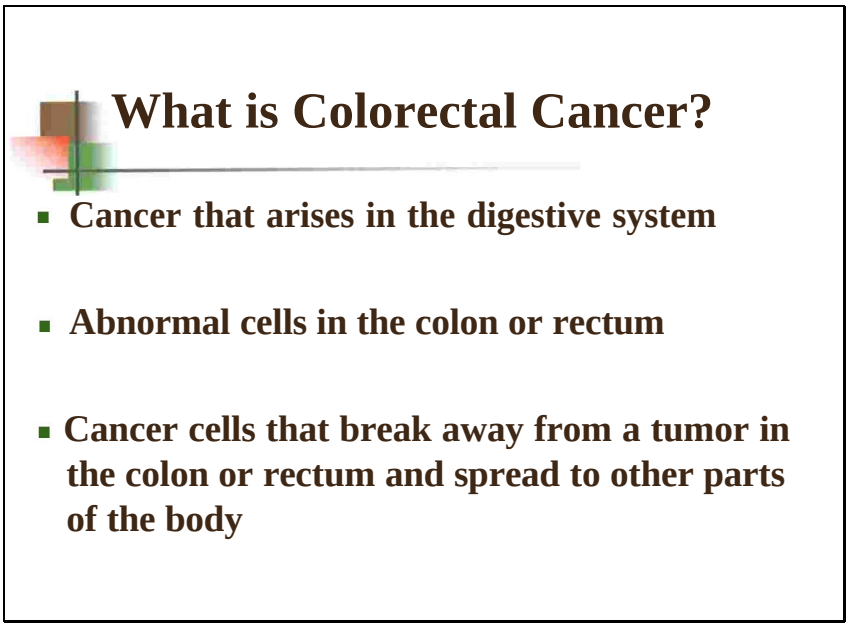
•Sometimes, precancerous growths called polyps develop on the inner wall of the colon or rectum. Polyps don't start out being cancerous, but they can turn into cancer if not removed. This is why we call them precancerous.

•It is important that you do not confuse polyps with feces. Now, what kind of growths are polyps? (Precancerous). Right, and another name for feces is what? (Stool or waste).

•We will discuss polyps in greater detail a little later.

•Are there any questions at this point?

Slide 13



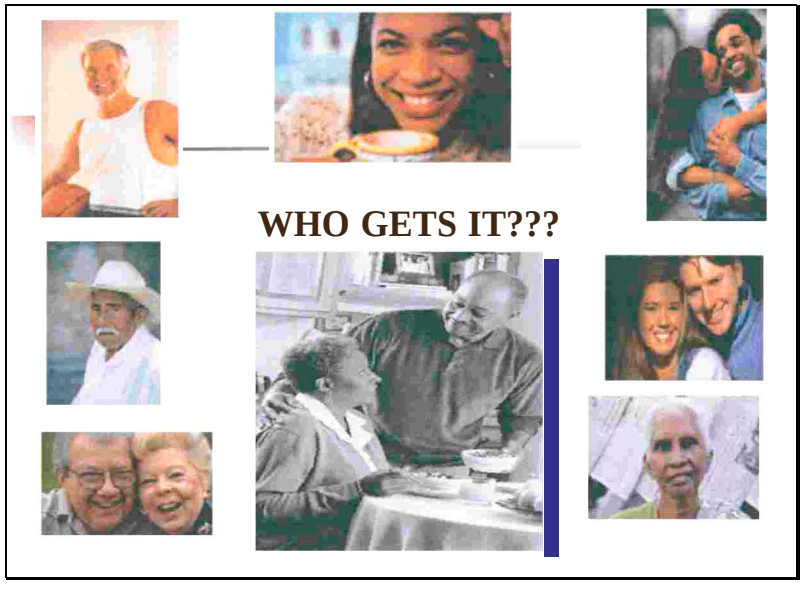
•We have already said that cancer refers to uncontrollable cell growth. In the case of colorectal cancer, this uncontrollable cell growth starts in the colon and or rectum. In other words, it is cancer of the large intestine.

•Before we move on, I'd like to share a few other definitions of colorectal cancer.

•**Read the slide.**

•Any questions so far?

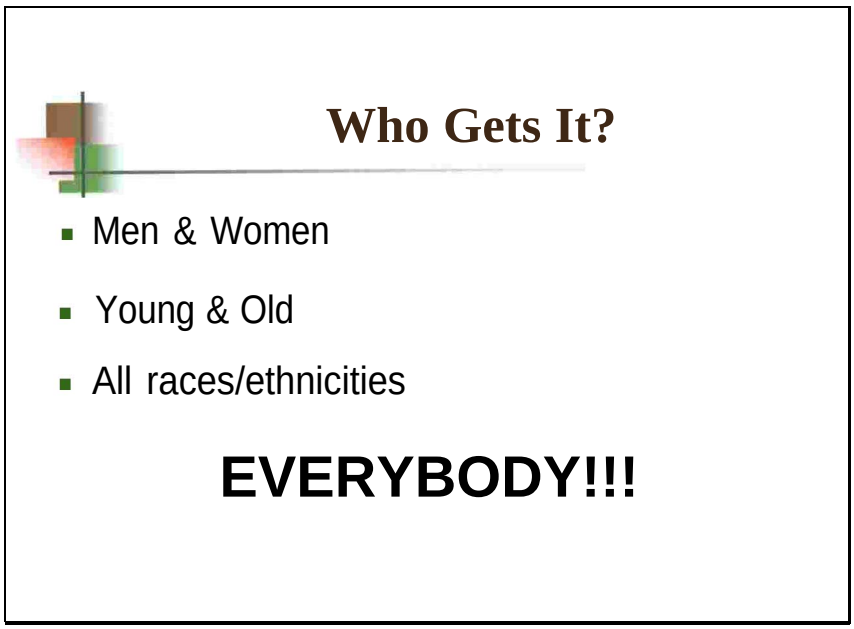
Slide 14



(Interaction)

•Can anyone guess who CRC affects? Anyone? **Allow time for answers from the group.** Okay, good answers. Let's take a closer look.

Slide 15



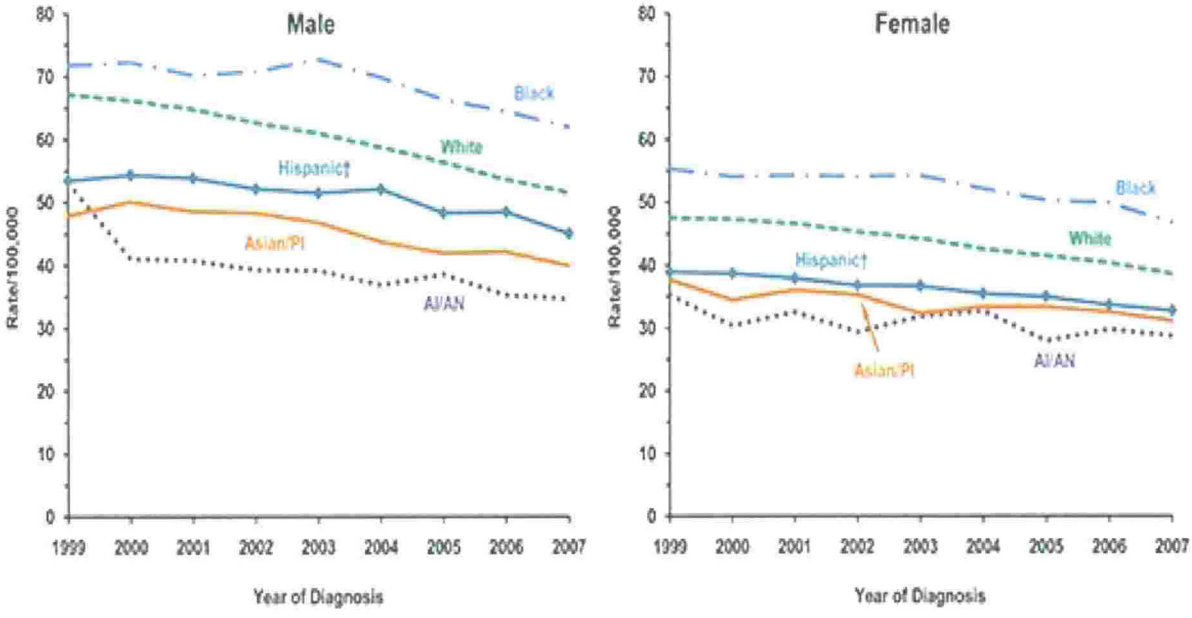
•CRC affects males and females.

•Both the young and old are at risk for the disease as well as all racial and ethnic groups.

•So what does this mean? You guessed it! Everyone is at risk.

Slide 16

Incidence Rate of Colorectal Cancer by Race/Ethnicity and Sex (1999-2007)



•"Incidence rate" means how many people out of a given number get the disease each year.

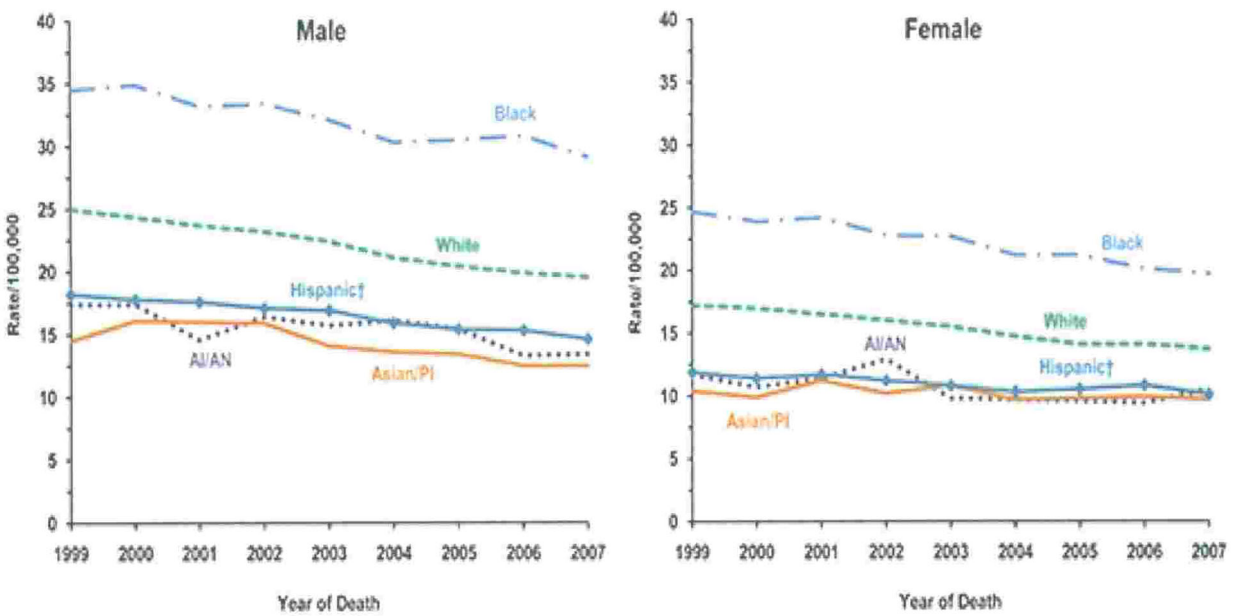
•The graph above shows how many people out of 100,000 got colorectal cancer each year during the years 1999-2007.

•The year 2007 is the most recent year for which numbers have been reported. The colorectal cancer incidence rate is grouped by race/ethnicity and sex.

•For example, you can see that both black men and women had the highest incidence rate for colorectal cancer. White people had the second highest incidence of getting colorectal cancer, followed by Hispanic/Latino, Asian/Pacific Islander, and American Indian/Alaska Native people.

Slide 17

Death Rate of Colorectal Cancer by Race/Ethnicity and Sex (1999-2007)



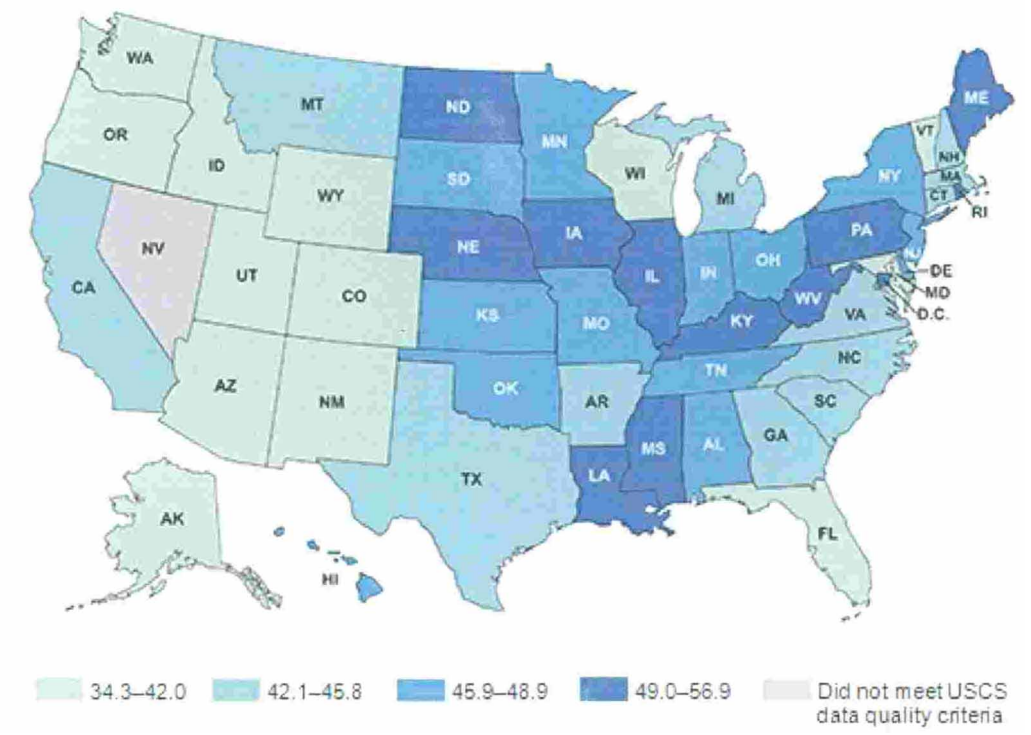
•From 1999-2007, the rate of people dying from colorectal cancer has varied, depending on their race and ethnicity.

•This graph shows that from 1999 to 2007, black people were more likely to die of colorectal cancer than any other group racial/ethnic group.

•White people had the second highest rate of deaths from colorectal cancer, followed by people who are Hispanic/Latino, American Indian/Alaska Native, and Asian/Pacific Islander.

Slide 18

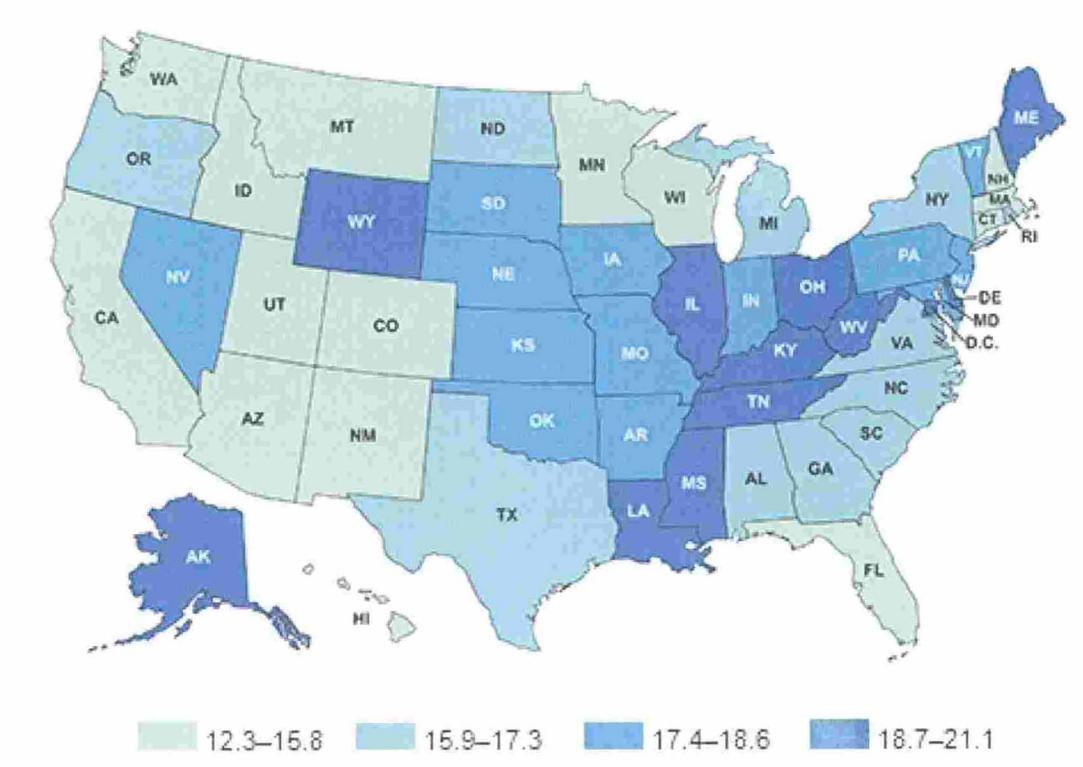
Colorectal Cancer Incidence Rate by State, 2007



- The states with incidence rates in the second lowest interval (42.1 to 45.8 per 100,000) include Georgia.

Slide 19

Colorectal Cancer Death Rate by State, 2007

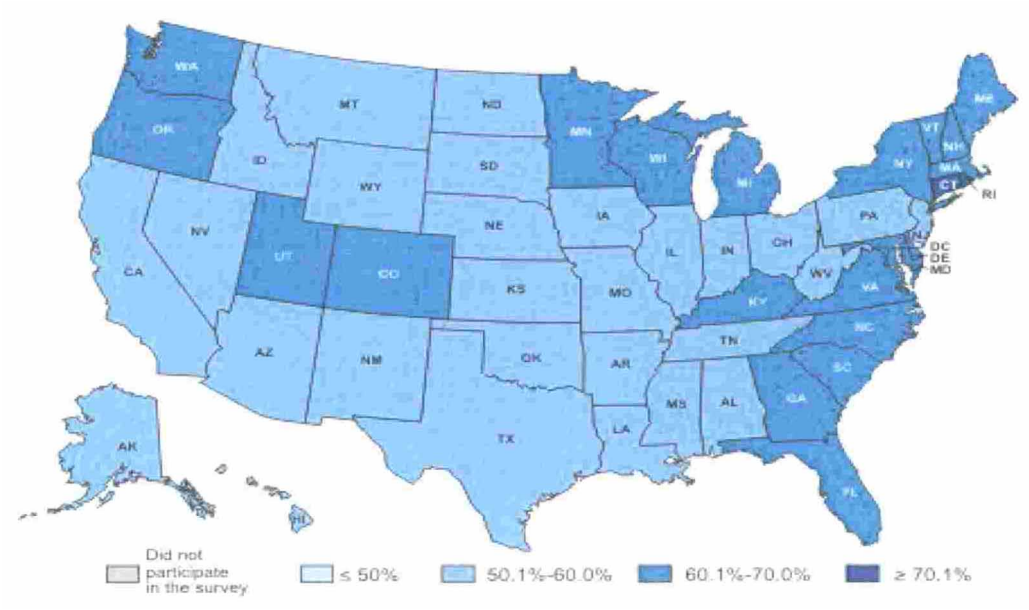


- The states with death rates in the second lowest interval (15.9 to 17.3 per 100,000) include Georgia.

*Rates are per 100,000 and are age-adjusted to the 2000 U.S. standard population.

Slide 20

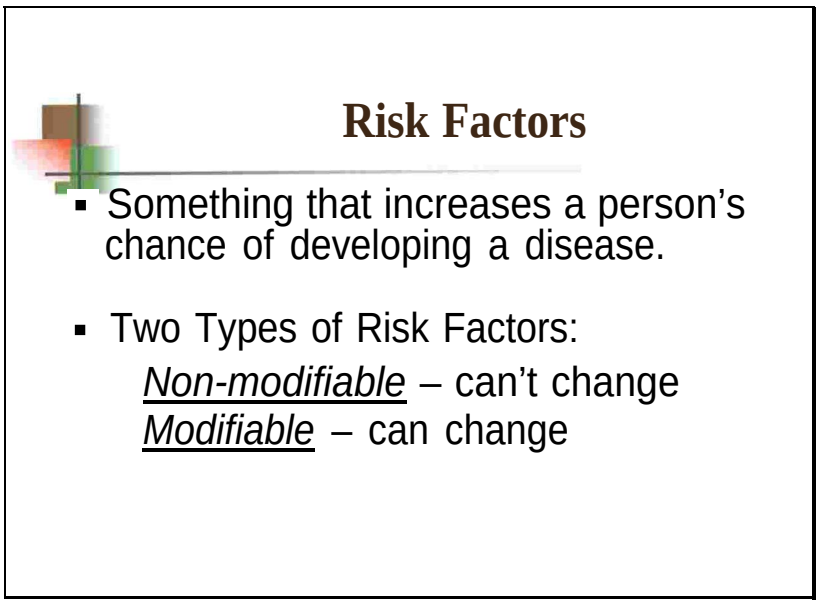
Colorectal Cancer Screening Rates



- **Percentage of adults aged 50 years or older who reported receiving a fecal occult blood test within past year and/or lower endoscopy within past 10 years, by state— Behavioral Risk Factor Surveillance System (BRFSS), United States, 2006**

- The states with percentages in the third interval (60.1 to 70.0%) include Georgia. This means that 60.1%-70% of age-eligible Georgians had had some type of colorectal screening in the past 10 years as recommended

Slide 21



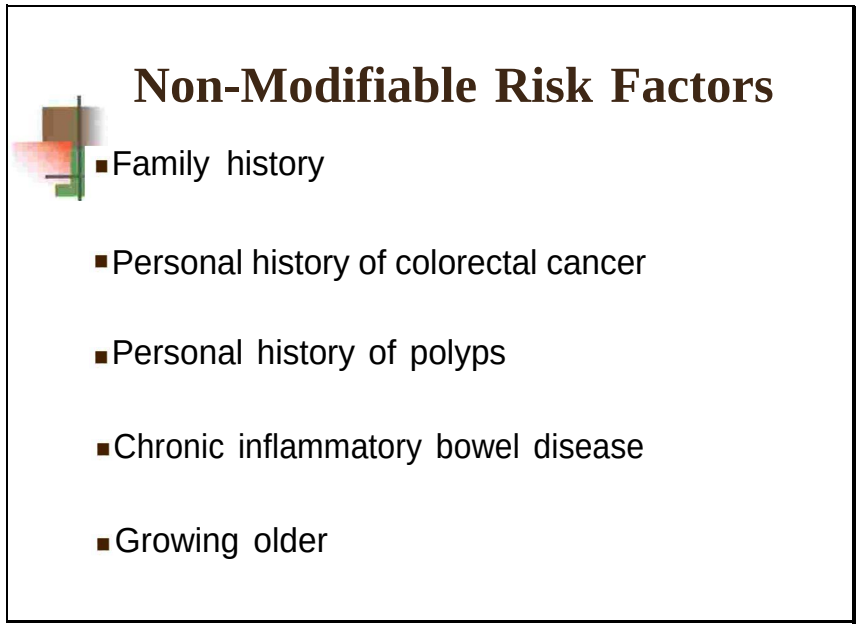
•Something that increases a person's chance of developing a disease is known as a risk factor.

•**Press the button.** There are two types of risk factors. The risk factors that we cannot change are called non-modifiable risk factors. The things that we can change to reduce our risk for getting colorectal cancer are referred to as modifiable risk factors.

•We will spend the next few minutes discussing examples of risk factors in each group. Let's start with the non-modifiable. Can anyone guess what some of these might be? Remember, these are the things we can't change. **Allow time for responses. (Responses: age, personal/family history of CRC, inflammatory bowel disease.)**

•Okay. Let's see how you did.

Slide 22



•Non-Modifiable Risk Factors

Press the button. Family history

Press the button. Personal history of colorectal cancer

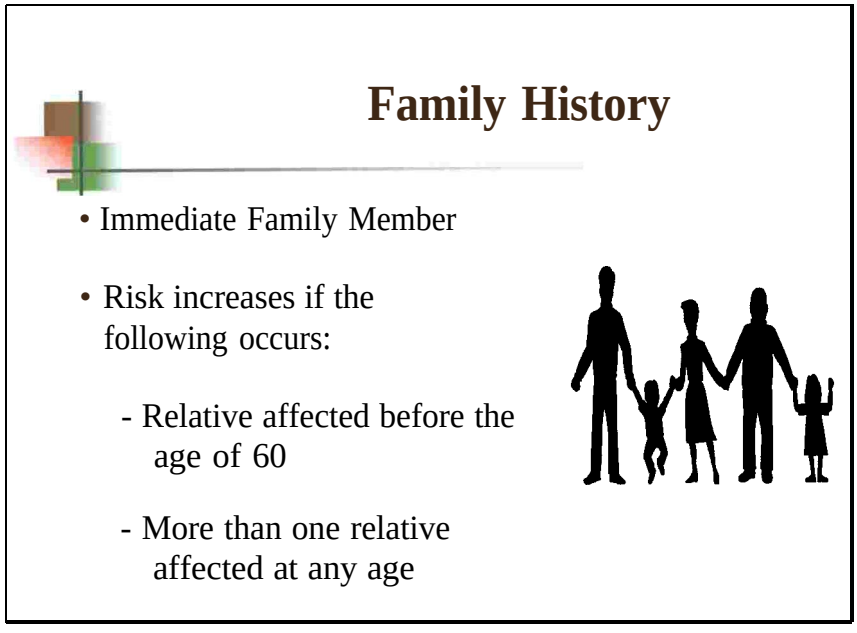
Press the button. Personal history of polyps

Press the button. Chronic inflammatory bowel disease

Press the button. Growing older

•These are all things that we cannot change. Let's spend a few minutes talking about each.

Slide 23



Family history

•If an immediate family member has had colorectal cancer, this puts you at greater risk for getting it yourself.

•This means that if your mother, father, brother or sister has had colorectal cancer, then you would have a bigger chance of getting it than someone who does not have a family history of the disease.

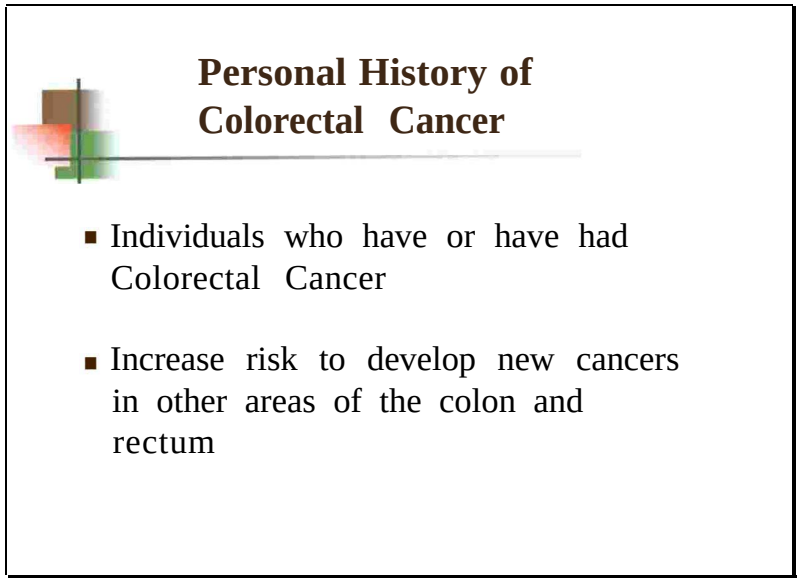
•If your relative was affected before the age of 60, or if more than one relative was affected at any age, then your chances for developing colorectal cancer are even greater.

•Colorectal cancer can impact others in our family, therefore, it is important that we share our medical history with the ones we love. By knowing our risks, we are better able to work with our healthcare providers in monitoring our health.

•Any questions?

•Now before we move on, I would like to point out that even if no one in your family has had colorectal cancer, you could still get it.

Slide 24



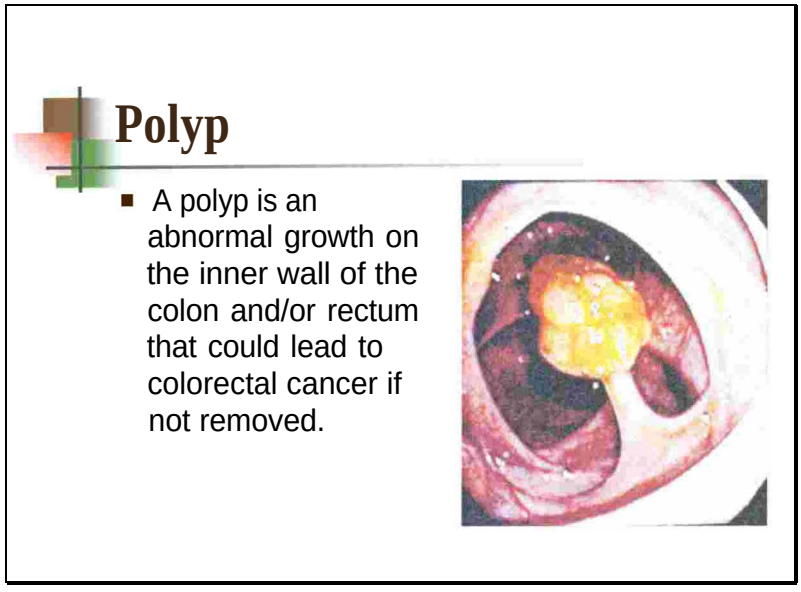
Personal History of Colorectal Cancer

•If you have or have had colorectal cancer, you are at an increased risk for developing new cancers in other areas of the colon and/or rectum when compared to someone who has never had colorectal cancer.

•Before we move on and discuss the rest of the non-modifiable risk factors, I would like to show you a picture of the polyp.

•Who remembers what a polyp is? **Wait for response.**

Slide 25

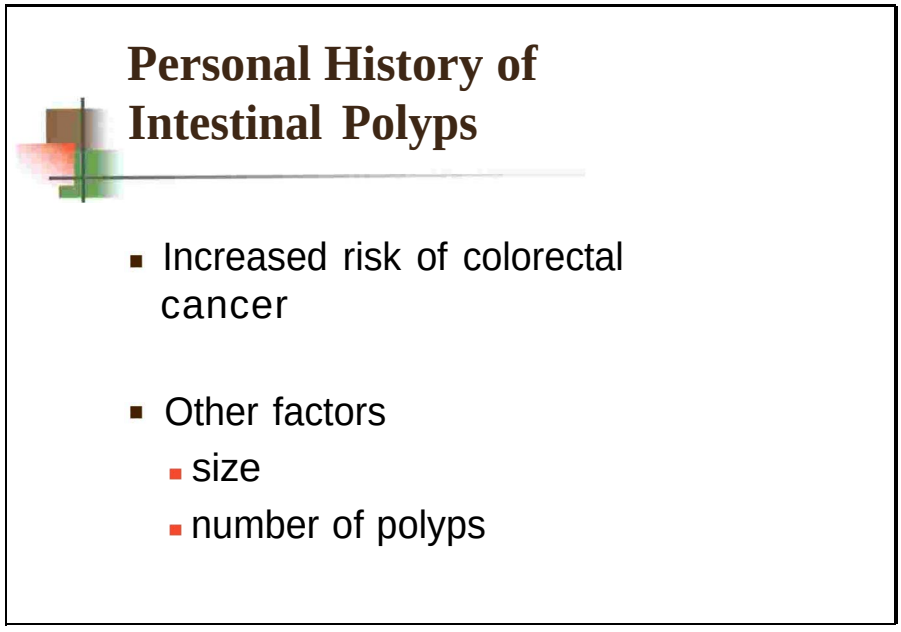


•We said that polyps are growths that are not cancer but can become cancer someday if not removed.

(Interaction)
•True or False: Polyps are stools or feces trapped in the intestines? **Wait for response.**

•False. Remember, stools or feces are waste products that the body gets rid of on its own. Polyps, on the other hand, are growths that could lead to cancer if not removed.

Slide 26

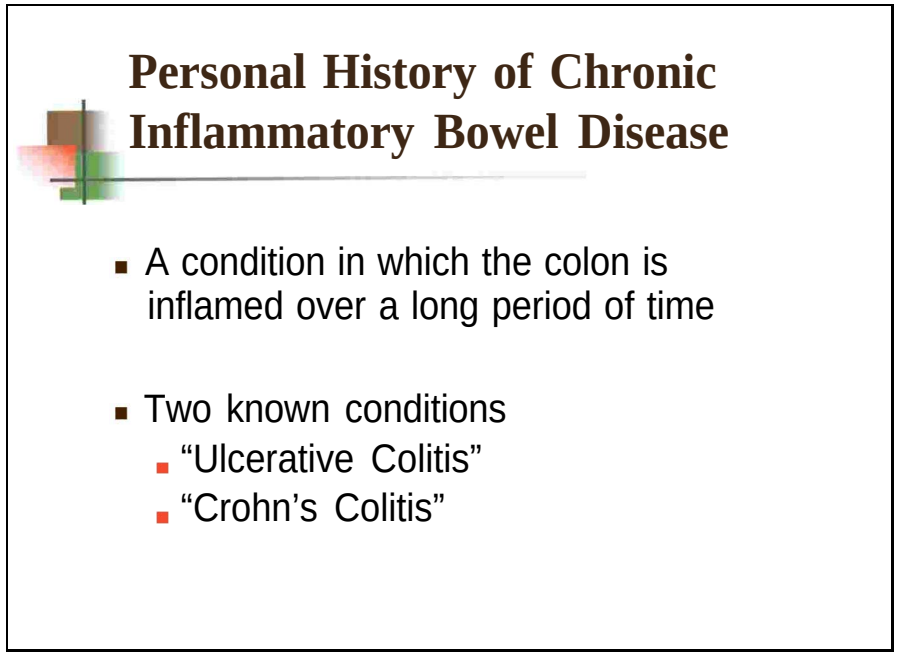


Personal History of Intestinal Polyps

•There is an increased risk for colorectal cancer if you have a personal history of intestinal polyps.

•Particularly if there are many of them or if the polyps are large.

Slide 27



Personal History of Chronic Inflammatory Bowel Disease

•This is a condition in which the colon is inflamed over a long period of time. This too increases your chances of developing colorectal cancer.

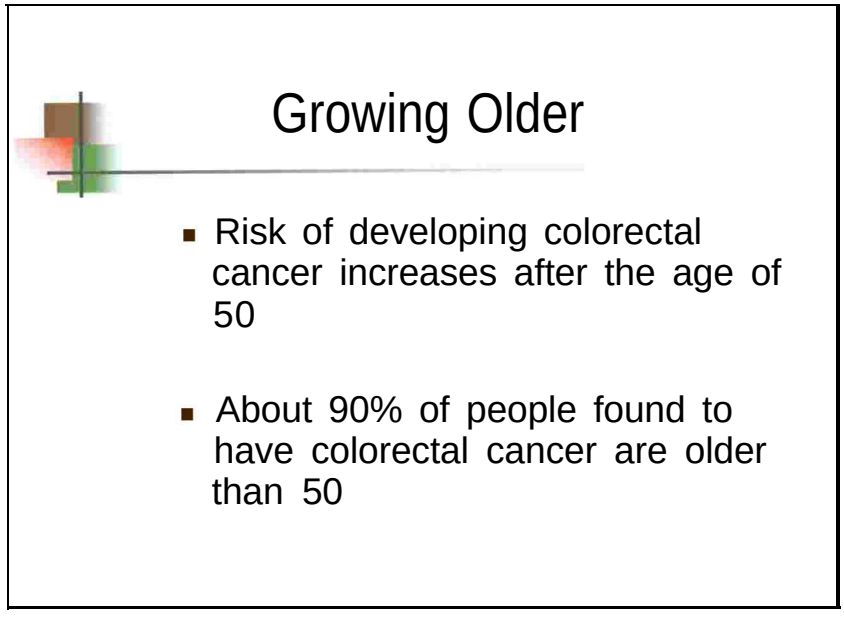
•Two types of chronic inflammatory bowel disease are Ulcerative Colitis and Crohn's Colitis.

•Ulcerative colitis causes ulcers or sores in the rectum and lower part of the colon.

•Crohn's Colitis is a condition which causes the small intestine to become inflamed.

•People who have either of these conditions are more likely to develop colorectal cancer.

Slide 28



•The final non-modifiable risk factor is age.

•Our risk for developing colorectal cancer increases as we grow older, starting at age 50.

•According to the American Cancer Society, about 90% of people found to have colorectal cancer are older than 50 years of age.

•Does anyone have any questions about any of the non-modifiable risk factors?

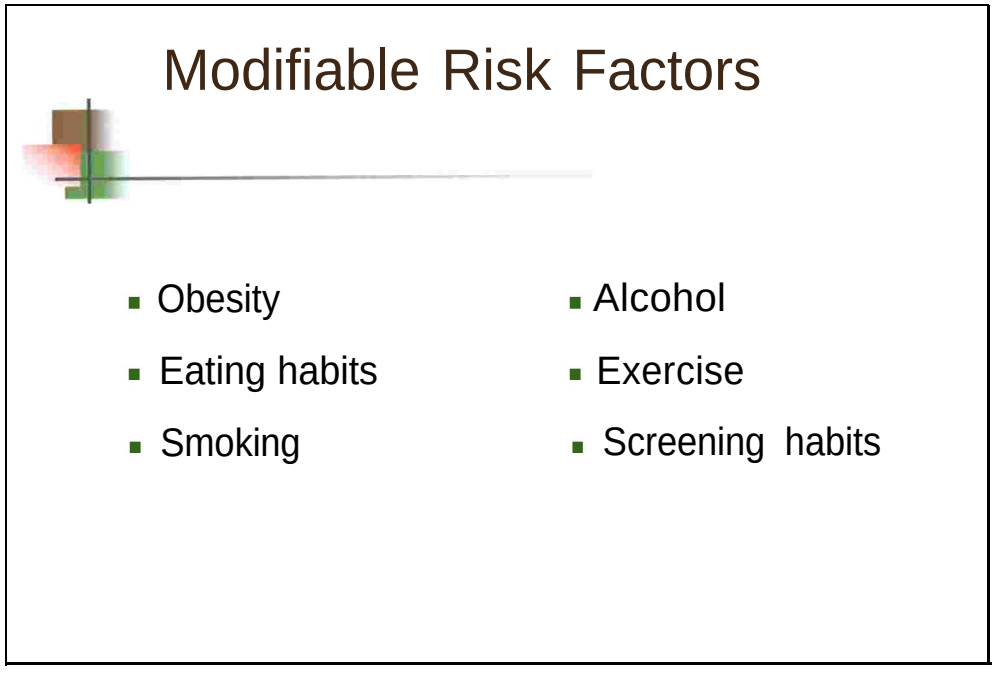
Slide 29

•Now that we've talked about all of the things that we cannot control, it's time to see what we can do to make a difference.

(Interaction)
•Can anyone think of some things that we can do to lower our risk for getting colorectal cancer? **Wait for response.**

•Okay, let's take a closer look.

Slide 30

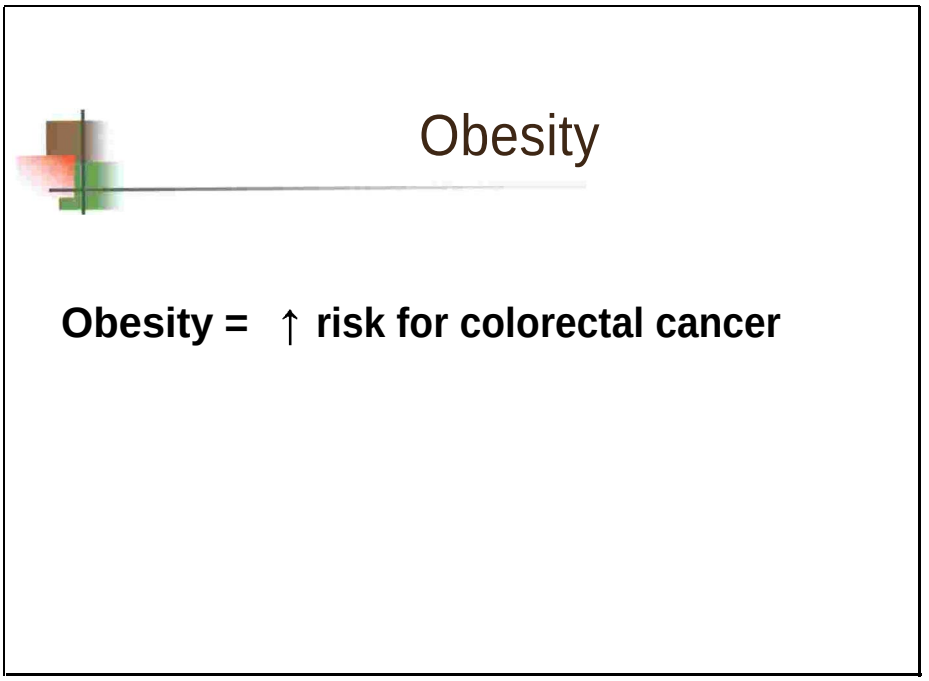


•Listed here are a number of risk factors that we can change.

•Read the slide.

•By changing these risks, we can lower our risk of developing colorectal cancer. Over the next few minutes, we will focus on a few of the modifiable risk factors listed on this slide.

Slide 31



•If you watch the news, then you are probably already familiar with the term obesity and that it is the cause of many of our health problems. Well it too is a risk factor for colorectal cancer. But what does obesity really mean?

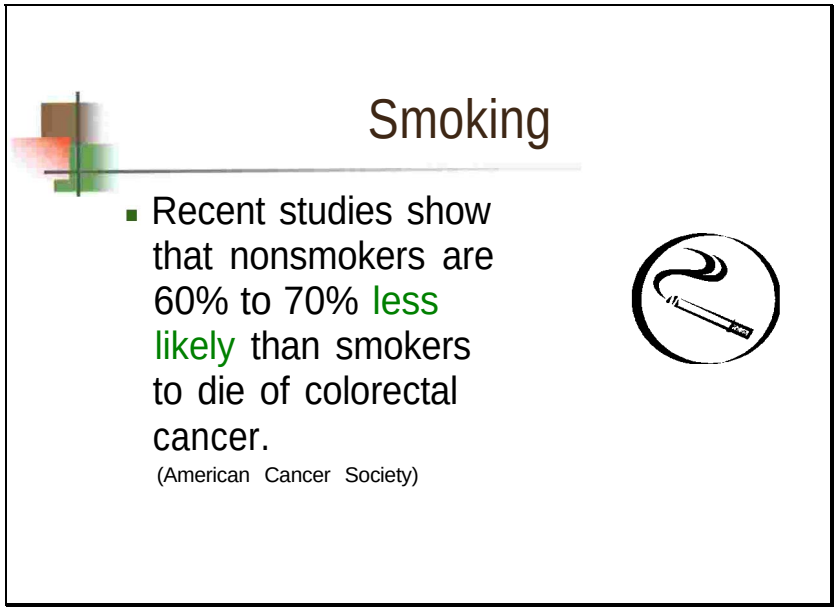
•Well, it simply means that we have more body fat than we need. We all probably have our own ideas of what is too much fat, but the medical community uses a number of methods for diagnosing obesity.

•Being overweight or obese may lead to the formation of polyps in the colon and rectum. As we all know, polyps increase our risk for developing colorectal cancer.

•Work with your doctor to determine your ideal body weight and to find out how best to work toward getting there if you are not already there.

•Do you have any questions so far?

Slide 32



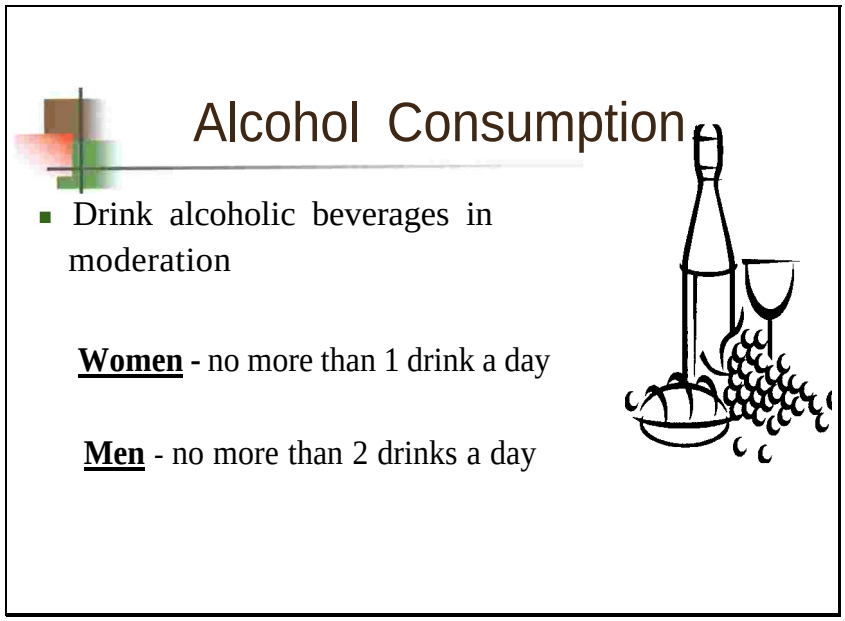
•In general, smoking has been linked to a number of illnesses.

•Did you know that some of the cancer-causing substances in cigarettes are swallowed and can also cause colorectal cancer?

•So if you smoke, it is in your best interest to cut back and eventually quit.

•Read the slide.

Slide 33



•Drinking alcohol is among the risk factors that we can change. Though some reports suggest possible benefits to drinking wine, drinking may increase your chances of getting colorectal cancer.

•A good rule of thumb to follow is to drink in moderation if you choose to drink. This means that women should not drink more than 1 drink per day and that men should not drink more than 2 drinks per day.

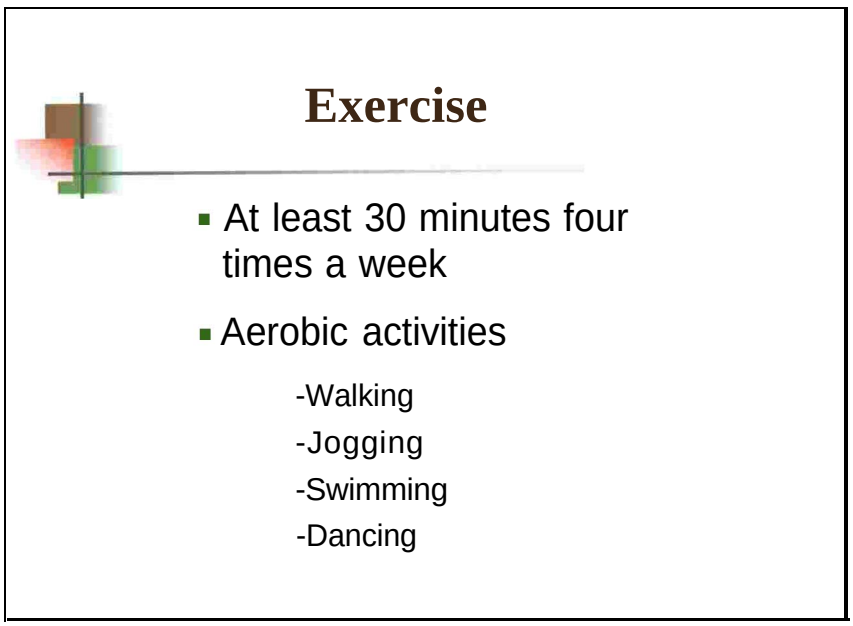
(Interaction)
•Which of the following has the most alcohol in it?
- •4-ounce glass of wine
- •1½ ounce shot of 80-proof whiskey
- •12-ounce can of beer

•Allow time for response.

•Believe it or not, they all have the same amount of alcohol in them, so each is considered a drink.

•Now let's talk about how physical activity can impact our health.

Slide 34



(Interaction)
•Do you exercise on a regular basis? **Allow time for response.**

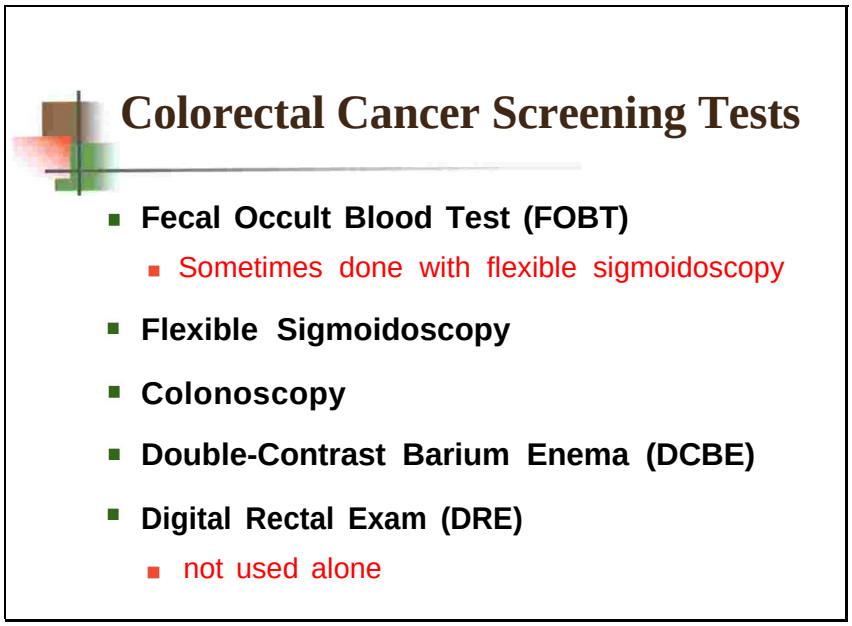
•Well good for you! It is recommended that we all engage ourselves in some form of exercise four times a week 30 minutes each time.

•During exercise, our bodies produce certain chemicals and hormones that may lower our risk for getting colorectal cancer.

•Being active is not only good for lowering our risk of colorectal cancer, but it is good for our overall health.

•You might choose to walk, jog, swim, or dance. It doesn't matter. The important thing is that you stay active!

Slide 35



•People can get screening tests to find out if they have colorectal cancer, so screening is considered a modifiable risk factor.

•The following is a listing of colorectal cancer screening tests used to detect cancer, polyps that may become cancerous, and/or other abnormal conditions.

•We won't go into any detail about them today, but I would like for us to get use to saying the names of these tests. I'll say them first. Now let's say them together.

•Fecal occult blood test

•Flexible sigmoidoscopy

•Colonoscopy

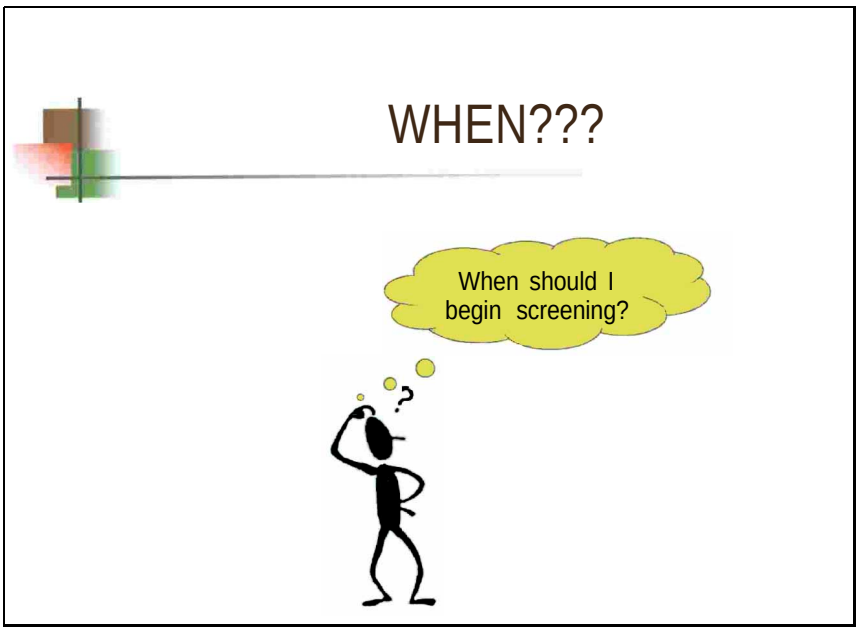
•Double-Contrast Barium Enema

•Digital rectal exam, or DRE

•Following the recommended guidelines for these screening tests is key to preventing colorectal cancer. We will go into more detail about each of these tests next week.

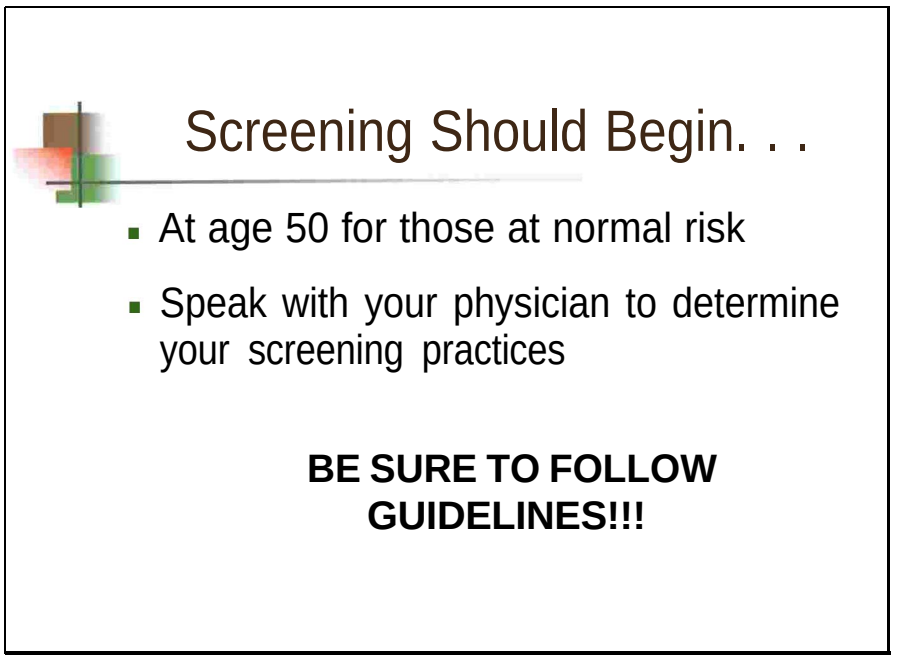
•Are there any questions?

Slide 36



•Since we're all at risk, it then follows that we should strive to protect our health as much as possible. When should we start this mission?

Slide 37



•Normally, you should begin screening at the age of 50.

•Remember, such conditions as Crohn's Disease, Ulcerative Colitis, and a personal/family history of CRC may put you at greater risk for developing CRC.

•Speak with your health care provider to find out how soon and how often you should be screened.

Slide 38

•Just in case you're still wondering why this should concern you, this is why:

•Colorectal cancer is highly preventable. In fact, some screening tests can find polyps or growths in the colon, before they turn into cancer.

•When CRC is detected in the earlier stages, your body may respond to treatment better.

•It is believed that with proper screening, 90% of all CRC cases and deaths can be avoided. This means that the death rate from colorectal cancer can go down.

Slide 39

- This has been a great start. We hope that something has been said that will impact your life in a positive way. Remember, the power is yours!
- Are there any questions?
- Okay, we have covered a lot of information today. To help you review, I want you to complete this Matching Worksheet and bring it back next week. **Pass out any educational handouts.**
- Thank you again for attending today's session.
- We hope to see you for next week's session when we will learn more about colorectal cancer screening and treatment.

SESSION 2:

COLORECTAL CANCER SCREENING, SYMPTOMS AND DIAGNOSIS

PURPOSE: This lesson provides an overview of CRC screening and symptoms.

ESTIMATED DURATION (60 Minutes):

Networking Social (10 min)

Slide Presentation (40 min)

Question/Answer Period (10 min)

TEACHING OBTECTIVES:

- To identify colorectal cancer symptoms
- To describe CRC screening tests
- To discuss screening guidelines
- To review insurance coverage

MATERIALS:

Sign-In Sheet

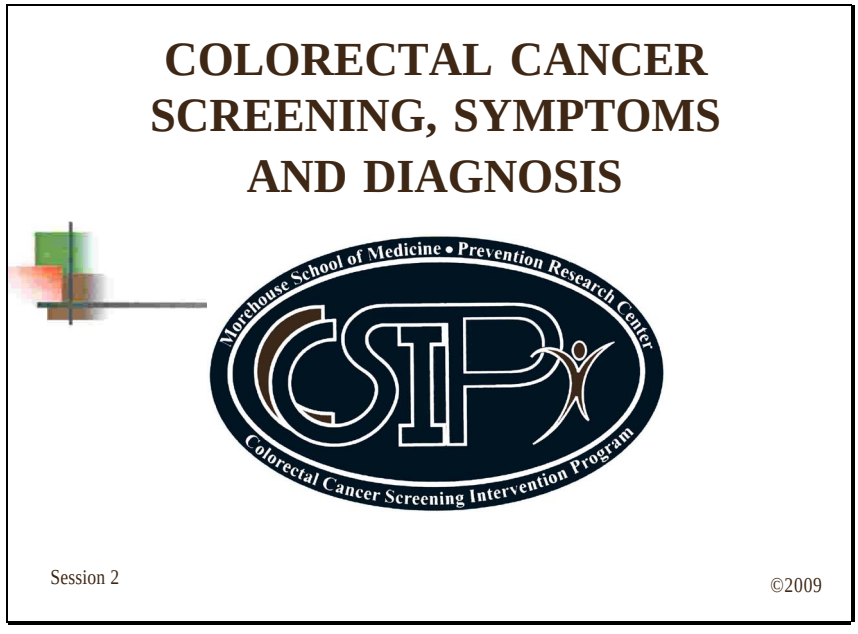
Slides

AV Equipment

Brochure #2: How to Recognize Signs and Symptoms/ Screening Recommendations

PROCEDURES: Greetings, introductions and begin the slide presentation with question/answer session to follow. Let them know that you will get back with them if you are unsure of an answer. Make a note of unanswered questions and give it to CCSIP staff. Be sure that everyone has signed in and give each participant a handout if available. Remind them of the location and time of the next meeting if known, then dismiss the group.

Slide 2



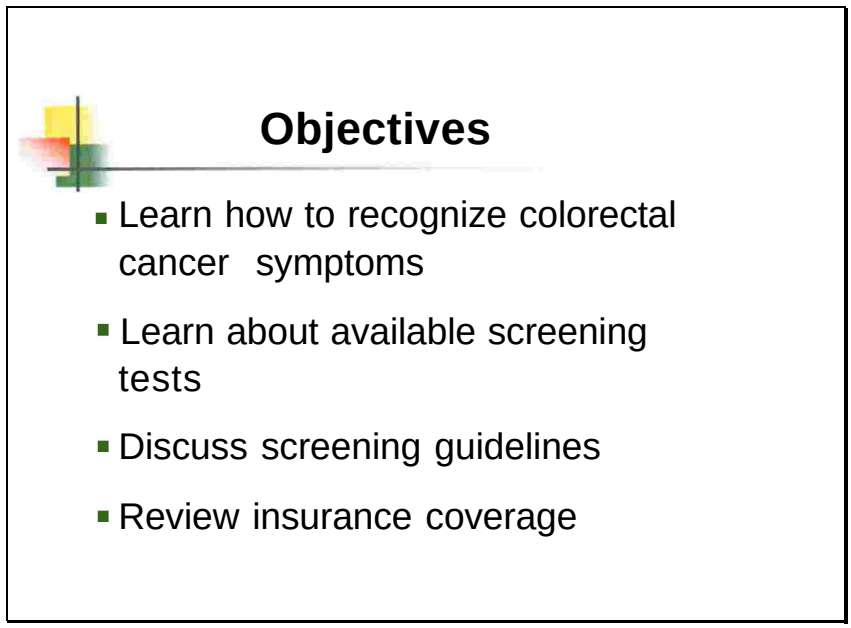
Greet the audience

•On behalf of the CCSIP team, I would like to thank you for joining us today.

•In today's session, we are going to talk about the CCSIP project and what it means for you. We will also begin to share some background information about colorectal cancer.

•But before we begin, let's get to know each other. Tell us your name and one interesting thing about yourself. I'll start. **(Share personal information, then ask the group members to do the same. Limit introductions to 30 seconds.)**

Slide 3



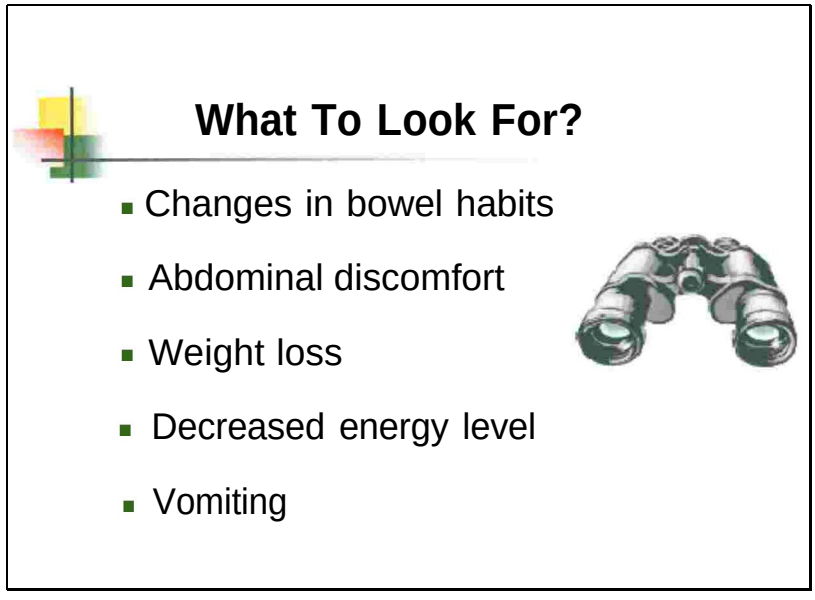
•Think back to when you last had a cold or the flu. More than likely, you experienced a runny nose, sore throat, and a few more symptoms you don't care to remember, right?

•Well, those symptoms are part of our body's alarm system. When they go off, we have to react by seeking medical care.

•By the end of this session, you will have a general idea about some of the symptoms associated with colorectal cancer and the different screening tests that can be used to find it.

•We will also discuss what various insurance plans might cover.

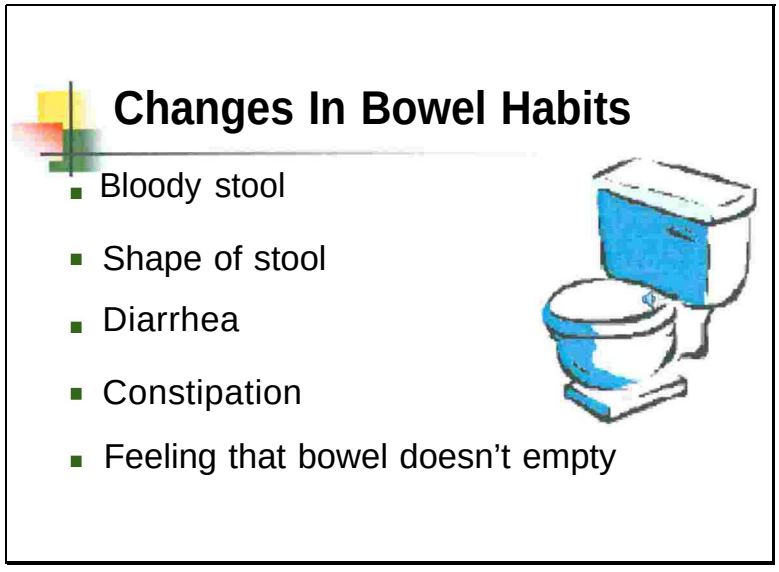
Slide 4



•Some of the symptoms that you should look out for include:
- •Changes in bowel habits
- •Abdominal discomfort
- •Weight loss
- •A decrease in your energy level
- •Vomiting

•In the next few slides, we will give you more specific symptoms.

Slide 5



•Let's talk about some of the changes you might see in your bowel habits.

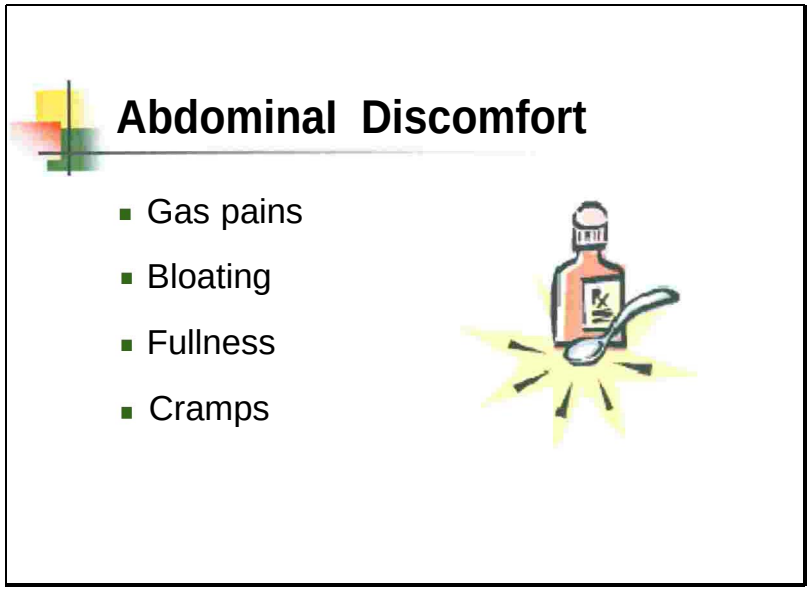
•Look for color changes: Stool may appear to be bright red or very dark.

•The shape of your stool may be more narrow than usual (almost pencil thin).

•In some instances, you may suffer from diarrhea and constipation.

•Also, after having a bowel movement, you may feel that you still have to go to the restroom, but can't.

Slide 6



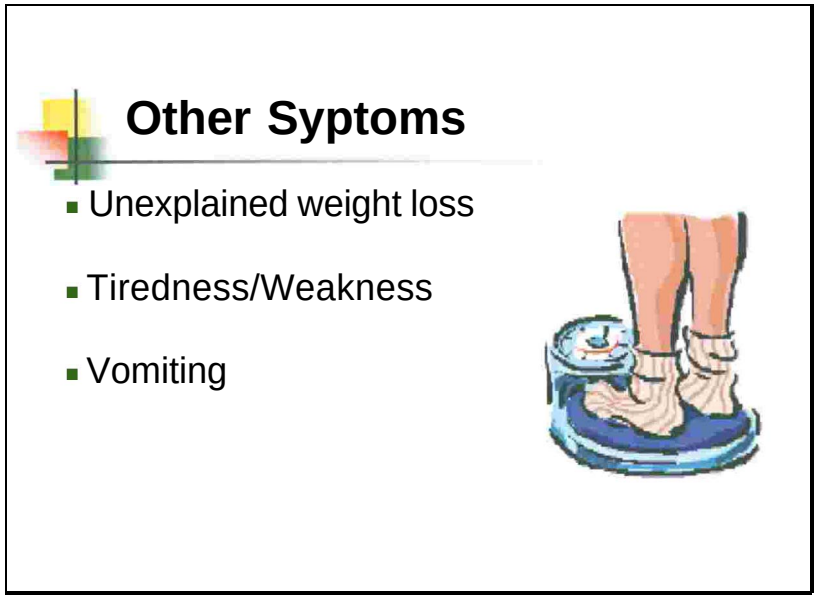
•The following is a list of symptoms related to the abdominal discomfort that one might experience:

- •Gas pains
- •Bloating
- •Fullness
- •Cramps

•Many of us may have experienced these symptoms after eating something that didn't agree with our stomach. It's important that you don't try to explain these symptoms away, especially if they are long lasting or unusual for you.

•Keep track of how long these symptoms last and seek medical attention if necessary.

Slide 7



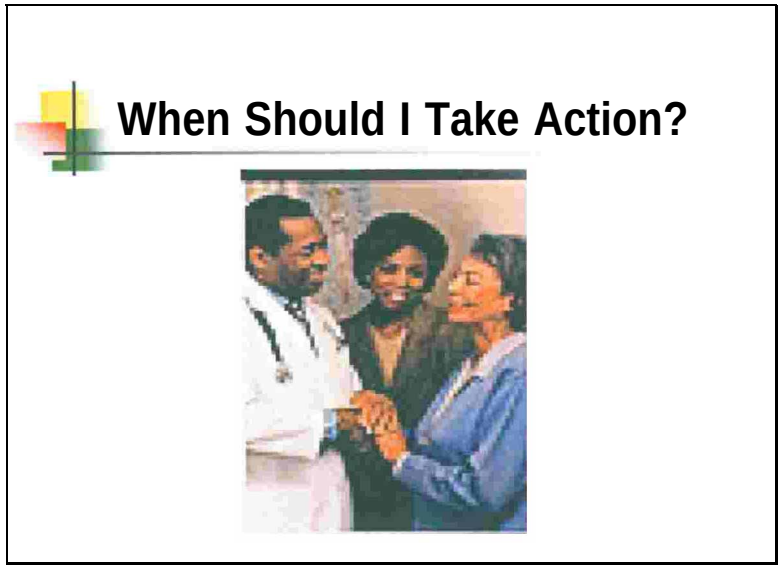
•Listed on this slide are other symptoms that may be caused by colorectal cancer.

•Now we all know that exercising is good for our health, but if you're like me, I'm sure you would love to lose weight without having to exercise, right?

•Well, if you start to lose weight without any effort, this is referred to as unexplained weight loss. This could be a sign of colorectal cancer or a number of other health problems.

•Other Symptoms may include being tired more often than usual, and vomiting

Slide 8



•Many of you may be thinking, anyone can have these symptoms at any given time. Well, you're right.

•The important thing to remember is that if these symptoms are unusual for you and are long-lasting, then you should seek medical care.

•As a general rule, if any of the symptoms that we have discussed last for two or more weeks, then you should contact your health care provider.

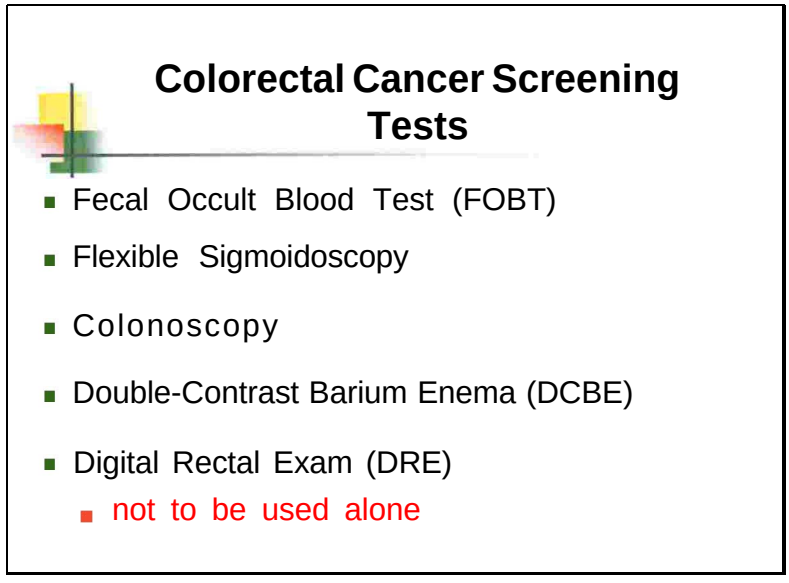
•Sometimes, there are no warning signs. A person can have colorectal cancer without pain or any other symptoms. To stay on top of your health, it's a good idea to report for screening regularly.

(Interaction)

•What is the general age at which people should begin screening? **(Response: 50).** That's right, 50. Be sure to check with your health care provider for the best routine for you.

•In the next few slides, we will discuss some of the screening tests that your health care provider may recommend.

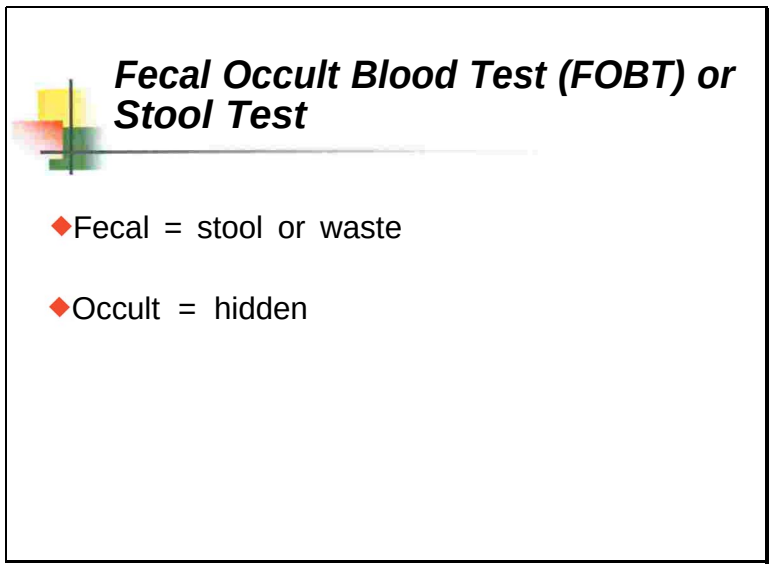
Slide 9



•By now, you are probably getting pretty familiar with these screening tools.

•Over the next few minutes, we will talk about what is involved for each.

Slide 10



•The first test, called the fecal occult blood test or FOBT, is where you place a stool sample on a card.

•Fecal means waste or stool. Occult means hidden. So this test looks for blood that may be hidden in the stool.

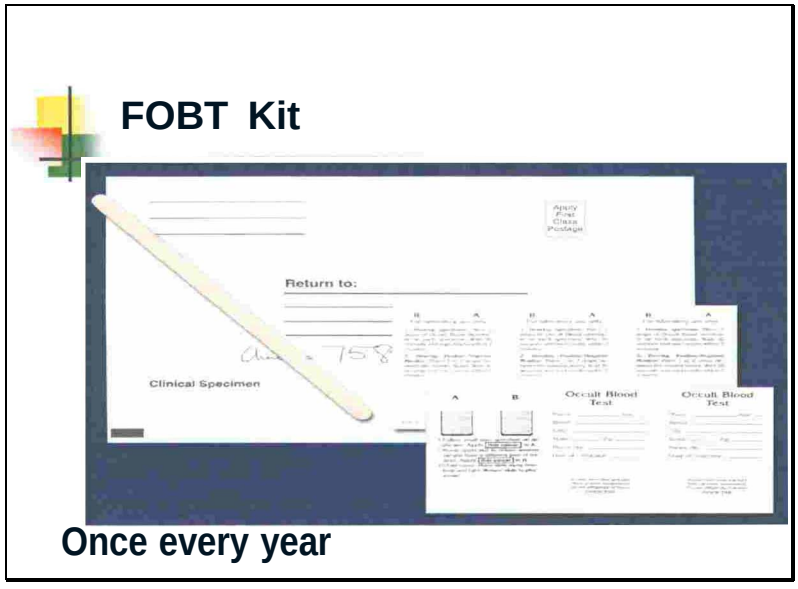
•Do you remember what we said about bloody stool a few minutes ago? **Wait for response.** Right, it may be a sign of colorectal cancer.

•Though this test comes in different forms, this is typically how an FOBT Kit works:

•You will be given cards and asked to place a sample of your stool on the cards. You will need to do this for three bowel movements in a row. When you have collected all of the samples, you will be told where to send it.

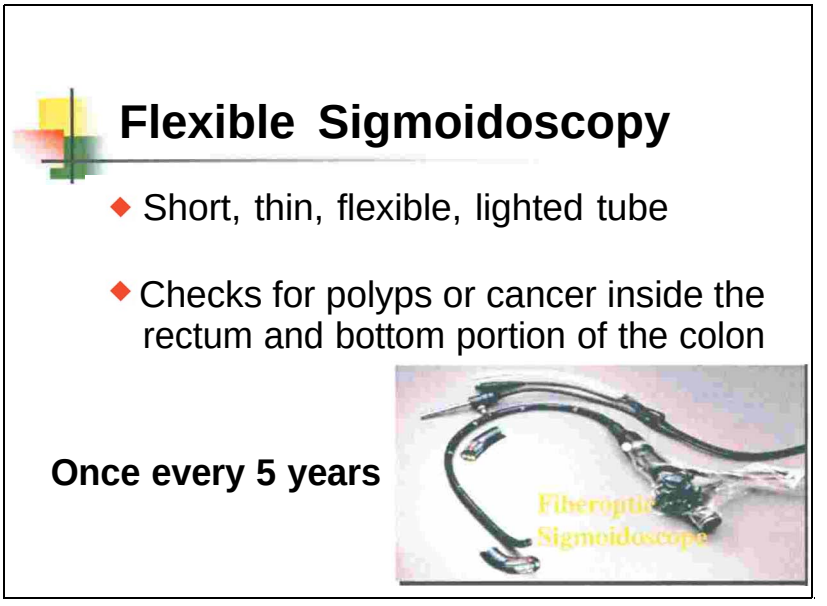
•This test has been shown to lower the number of people dying from colorectal cancer in a number of studies.

Slide 11



•The FOBT Kit may look like this. It is recommended that this test be done once every year.

Slide 12



•The next test that we'll talk about is called the flexible sigmoidoscopy.

•This is an examination of the rectum and lower colon with a lighted instrument that looks for growths and cancer.

•Do you remember what these growths are called? **Wait for response.**

•Right. They are called polyps. Remember, polyps are not cancer, but they can turn into cancer if they are not removed. This is a very good reason why we should all get screened regularly starting at age 50.

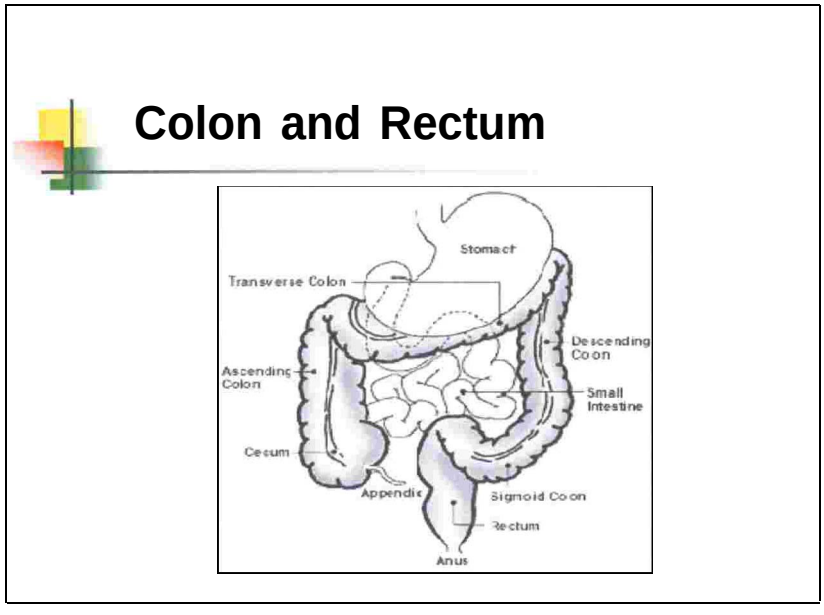
•Before taking this test, you might be given laxatives. But then again, it just depends on your heath care provider.

•You will most likely be awake for this procedure, but if you are concerned about comfort, speak with your physician about available medications or anesthesia. It lasts about 10-20 minutes. After it's over, you can carry on with your day.

•The flexible sigmoidoscopy should be given once every five years.

•Your health care provider may suggest that you take it at the same time that you have the stool test. This may improve the chances of finding colorectal cancer if it is present.

Slide 13



(Interaction)

•This is a picture of the digestive system. You probably remember seeing this at your last session. How long did we say the large intestine was? **(Response: 5-6 feet).**

•Well, the flexible sigmoidoscopy can examine up to about 2 feet of this length.

•Any questions?

Slide 14

Colonoscopy

- Examines entire colon
- Removes polyps and some cancers

Once every 10 years

Source: http://www.medequipserv.com

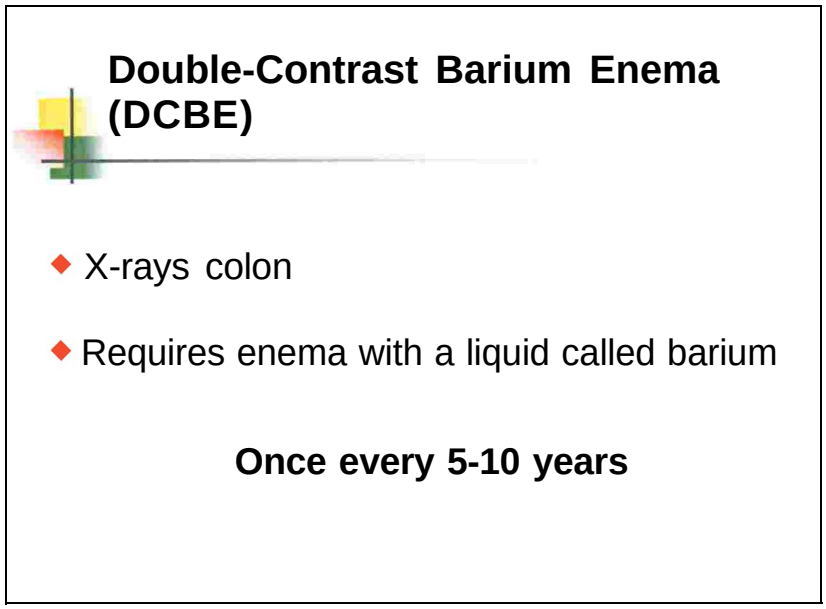
•The colonoscopy is an examination of the rectum and entire colon with a lighted instrument. It can also remove some polyps and cancers.

•Before you take this test, you may have to take enemas and a powerful laxative. You might also be asked not to eat anything and only to drink clear liquids.

•Your doctor will put you to sleep for this test to make sure that you are as comfortable as possible during the procedure. Speak with your doctor about the different types of medication available.

•The exam takes about 30 to 45 minutes. You may be drowsy afterwards, so you will need to have someone drive you home. You can return to your daily activities the day after.

Slide 15



•The DCBE is another exam used to check for colorectal cancer. It is short for Double-Contrast Barium Enema.

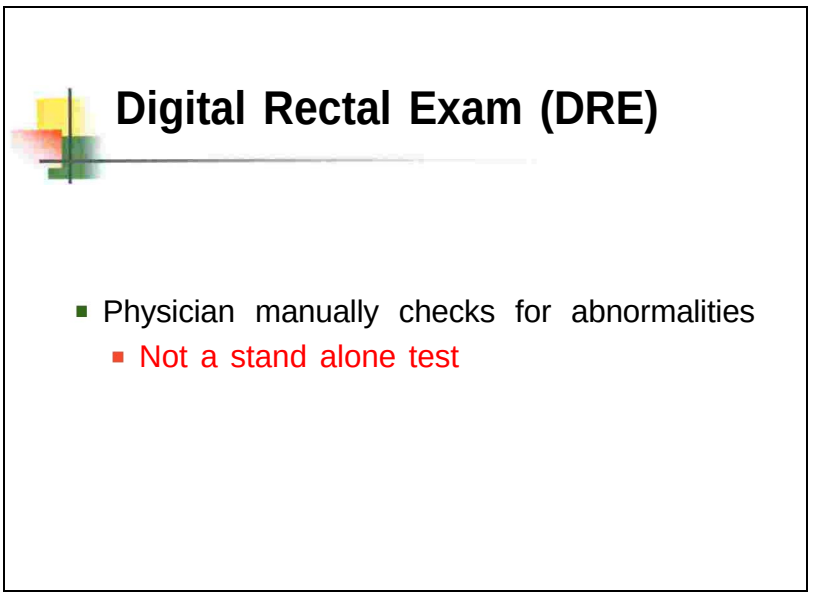
•To prepare for the DCBE, you will be given clear liquids, strong laxatives, and an enema containing barium.

•The barium is used to provide a clear picture of the colon and rectum on the x-rays.

•DCBE lasts about 20 to 30 minutes. Immediately following the procedure, you can continue with your day.

•For the next few days, however, barium may be present in your stool. You might also experience some constipation. Be sure to ask your health care provider about any special instructions you may need to follow after the test.

Slide 16



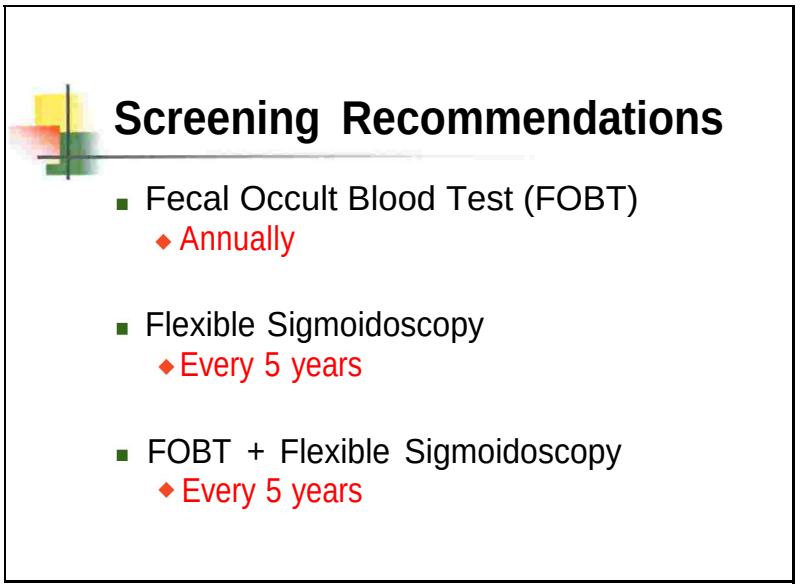
•The last test that we'll talk about is the DRE. This is short for digital rectal exam.

•The DRE is an examination of your rectum by a doctor or nurse with his or her finger.

•During this exam, health care providers can feel for lumps or abnormal areas in the rectum.

•The digital rectal exam is not recommended to be used alone. Generally, it is done with one of the other tests for screening.

Slide 17



•Now we're going to talk about screening guidelines.

•Starting at age 50, you should begin screening.

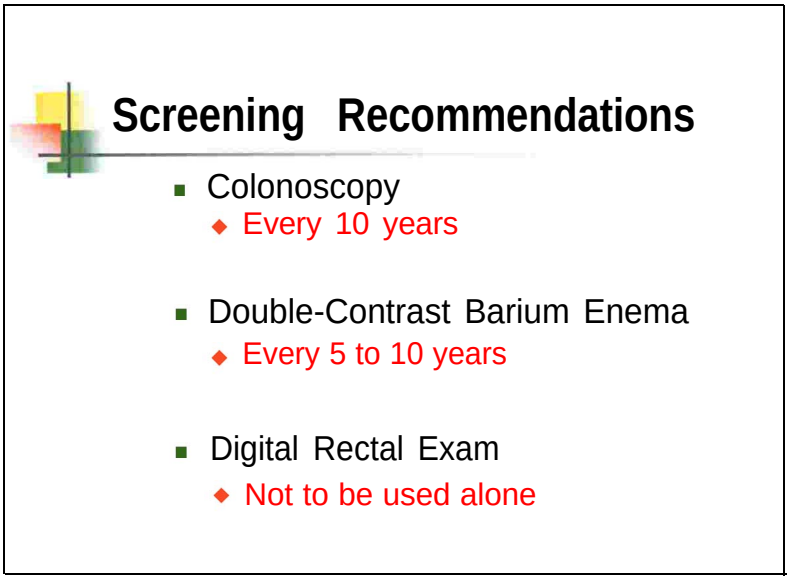
•The following lists how often you should have each of these tests.

•The Fecal Occult Blood Test should be done every year.

•The Flexible Sigmoidoscony is recommended every five years.

•As mentioned before, your health care provider may recommend that you have both the FOBT and flexible sigmoidoscopy done at the same time.

Slide 18



•The Colonoscopy should be done every 10 years.

•The Double-Contrast Barium Enema should be administered once every 5 to 10 years.

•Again, please note that the DRE is not a suitable test for colorectal cancer.

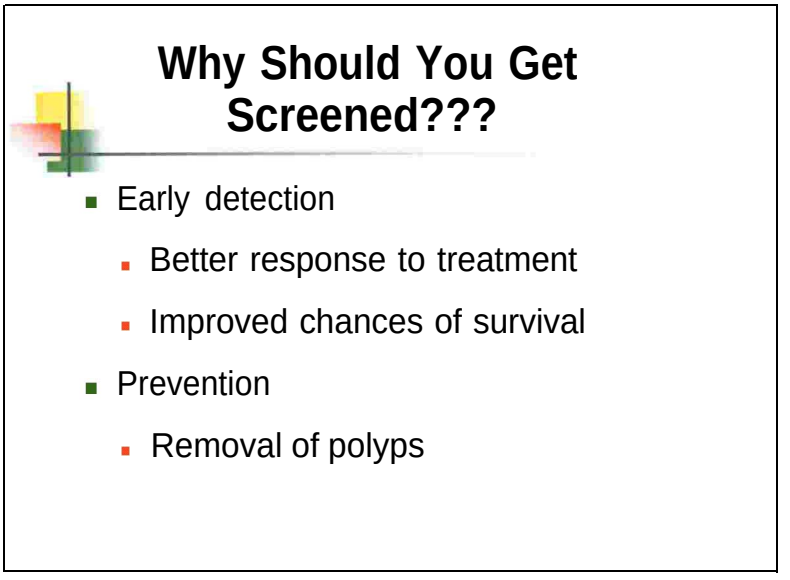
(Interaction)
•Okay, so who can tell me the difference between the colonoscopy and the flexible sigmoidoscopy? **(Response: colonoscopy examines entire colon and can remove polyps and some cancers; flexible sigmoidoscopy only examines the rectum and lower part of the colon)**

•Are there any questions?

•All of the information that we just provided can be found in this booklet by the National Cancer Institute. **Pass out booklet ("How to Recognize Signs and Symptoms / Screening Recommendations").**

•We encourage you to hold on to this and continue to become familiarized with the different tests, so that you can make an informed decision should you decide to seek screening.

Slide 19



•Why should you get screened? It's simple. Screening allows for early detection and prevention of CRC.

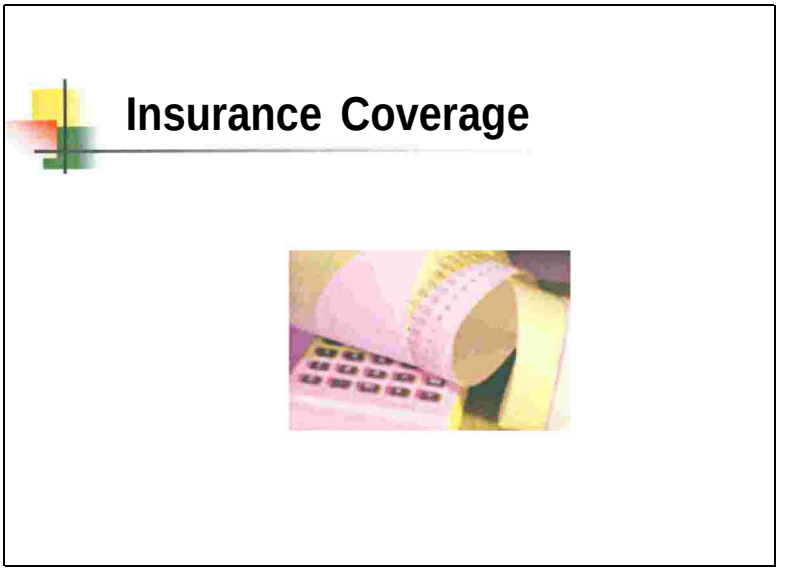
•Some people may prefer not to know about an illness thinking that no news is good news. Well that's not true. When it comes to colorectal cancer, the sooner you know about it, the better off you are.

•Early detection equals more successful treatment.

•If polyps or growths in the colon are found and removed, then cancer can be prevented altogether.

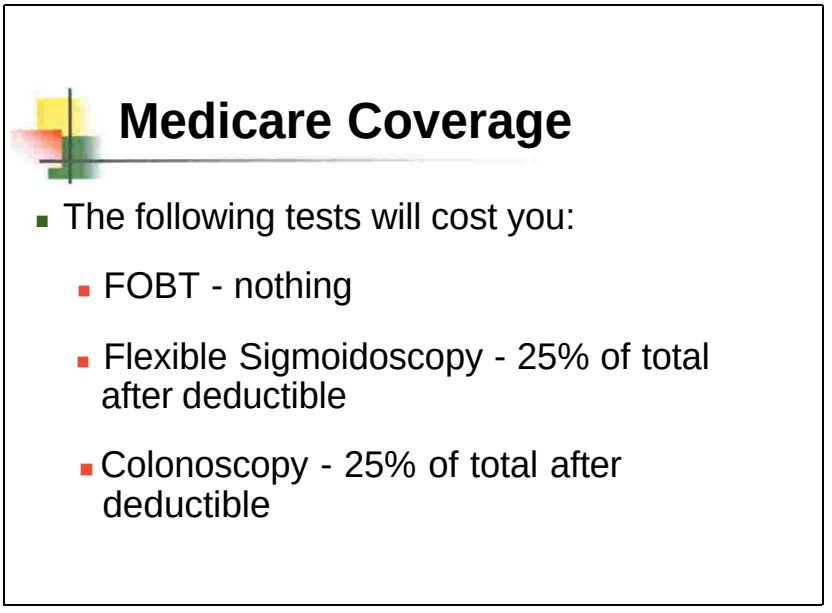
•All in all, this means that you can increase your chances of living longer by following proper screening habits.

Slide 20



•Let’s talk about insurance coverage for these tests.

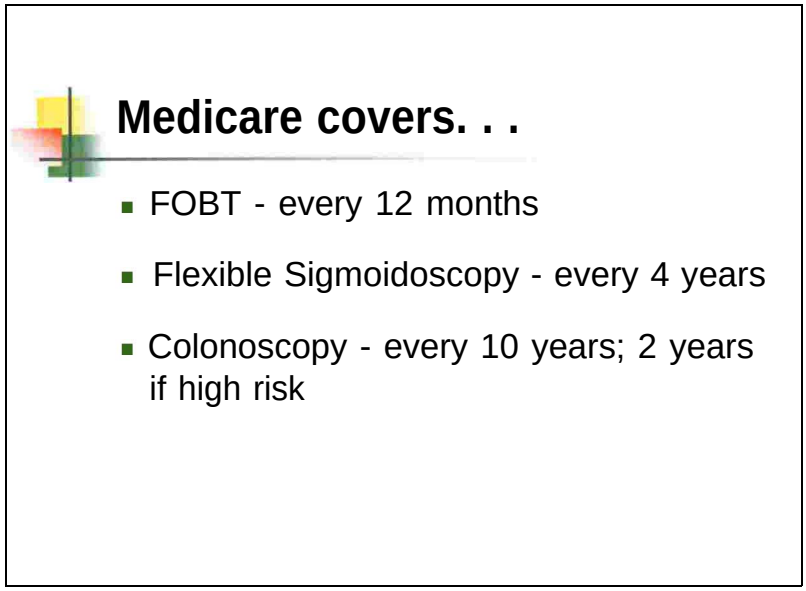
Slide 21



•Under Medicare, you will not be charged for the FOBT.

•For the flexible sigmoidoscopy and colonoscopy, you will be required to pay 25% of the Medicare-approved amount after you have met your yearly deductible.

Slide 22



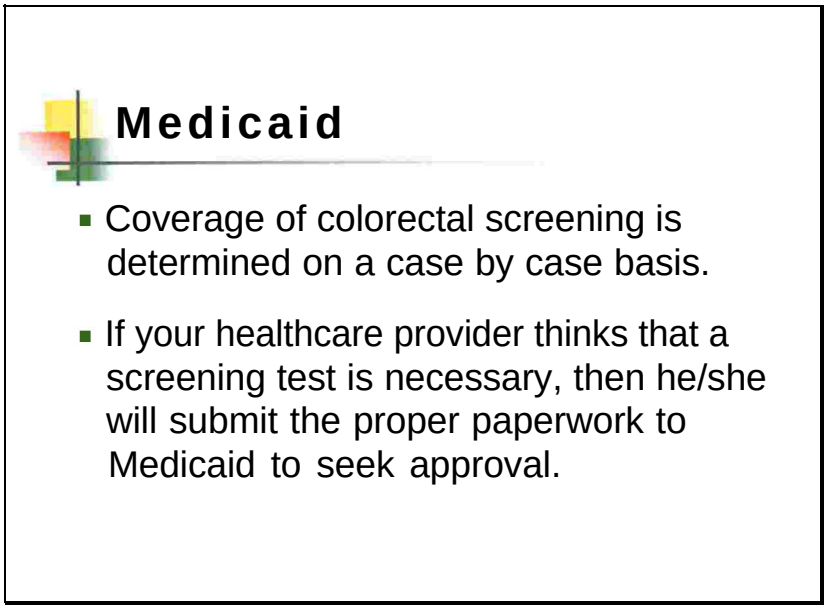
•Medicare covers the FOBT every 12 months.

•Flexible sigmoidoscopy is covered once every 4 years.

•Medicare covers the colonoscopy every 10 years. For higher risk patients, it will cover every 2 years. Be sure to speak with your health care provider to determine your level of risk.

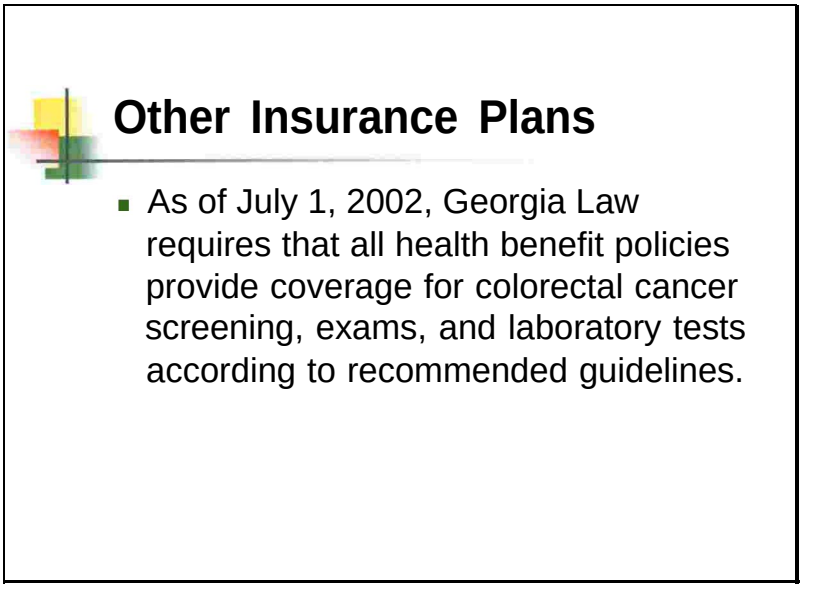
•Medicare will also pay for the double-contrast barium enema if your health care provider recommends it over both the flexible sigmoidoscopy and colonoscopy.

Slide 23



•Medicaid coverage varies somewhat from Medicare. Typically, physicians submit claims to Medicaid on a case by case basis when tests are deemed necessary.

Slide 24

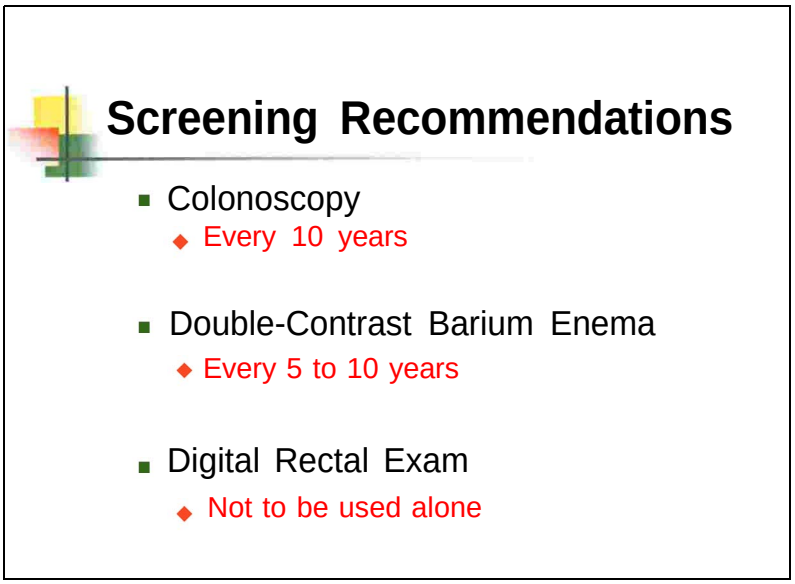


•Georgia law requires that all health plans provide coverage for CRC screening, exams, and laboratory tests.

•Check with your insurance carrier to see what is covered under your plan.

•This concludes our lesson for today. As before, we would like to get some feedback from you about today's lesson.

Slide 25



•The Colonoscopy should be done every 10 years.

•Also starting at age 50, the Double-Contrast Barium Enema should be administered once every 5 to 10 years.

•Remember, the digital rectal exam may be done with your yearly doctor's visit, but it should not be used alone.

(Interaction)
•One more time, what's the difference between the colonoscopy and the flexible sigmoidoscopy? **(Response: colonoscopy examines entire colon and can remove polyps and some cancers; flexible sigmoidoscopy only examines the lower part of the colon)**

•Are there any questions?

•We'll now focus on some of the treatments that are available for colorectal cancer.

Slide 26

Surgery

- Surgery used to remove:
  - Polyps
  - Some/all of colon + normal tissue
- New pathway for getting rid of waste

•As you learned in the previous lesson, the colonoscopy is a screening procedure that can also be used to remove growths inside the colon.

(Interaction)
•Do you remember what these growths are called? **(Response: Polyps).** That's right.

•In some cases, the colonoscopy may not be able to remove larger polyps. This is when surgery is used.

•Surgery can also be used to remove parts of the colon if cancer has spread.

•When surgery is used, a different path may need to be created for getting rid of waste. This will allow the colon to heal.

•Overall, the decision to use surgery depends on how far the disease has spread and the patient's health.

Slide 27

Chemotherapy

- Drugs used to kill cancer cells
- Usually after surgery for 6 months
- Sometimes before, or instead of surgery

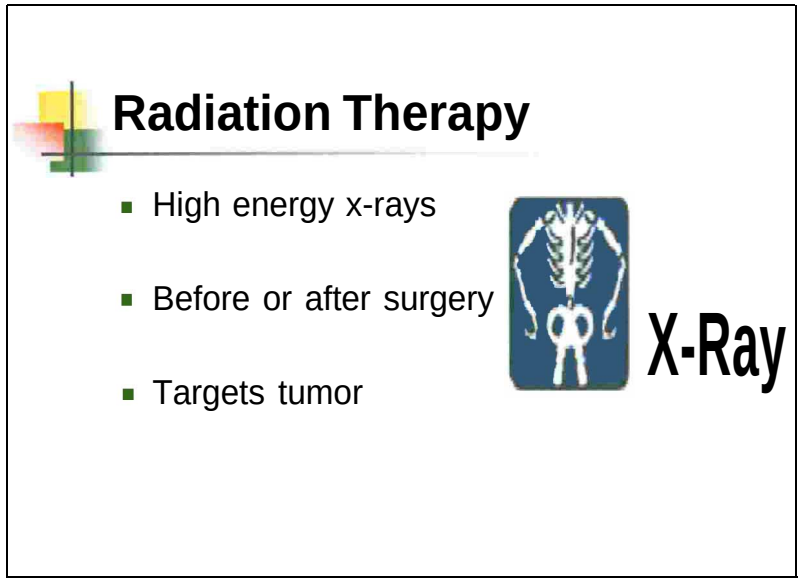
•Chemotherapy is another treatment option. It uses drugs to kill cancer cells.

•Most of the time, chemotherapy is given after surgery to kill any cancer cells that might have been left behind.

•It is sometimes used before or instead of surgery if the cancer has spread.

•The drugs are typically administered by needle. However, it is sometimes given in pill form.

Slide 28



(Interaction)
•When you hear the word x-rays, what comes to mind? **Allow time for responses.**

•Well, radiation therapy uses x-rays very similar to the ones used to get a better look at bones when examining for fractures.

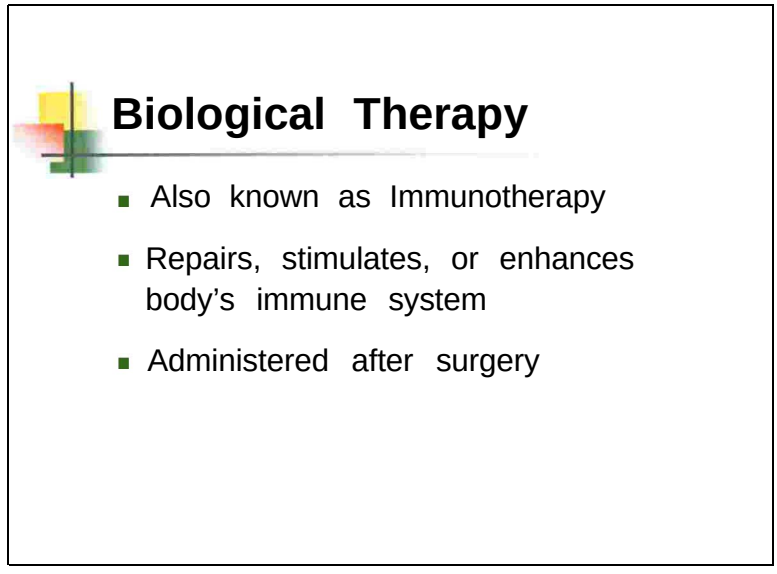
•However, the x-rays used for treatment are much more powerful than the ones used for taking pictures of the bone. They can actually kill cancer cells. Amazing, right?

•Radiation therapy can be given through implants inside the body or by using a machine outside of the body.

•The goal of radiation therapy is to destroy the tumor without causing too much harm to surrounding healthy cells.

•This form of treatment can be used before surgery to shrink cancer. It can also be used after surgery to kill any cancer left behind.

Slide 29



•The final treatment option that we will cover is biological therapy. This is sometimes referred to as immunotherapy.

•Remember the alarm system on our bodies that alerts us when something is wrong by producing symptoms? Well, it's called an immune system. Everyone has one, and it is responsible for fighting off infection and disease. It's even equipped to fight cancer!

•Biological therapy is used to repair, stimulate, or improve the immune system so that it can continue to fight cancer.

•This treatment is normally administered after surgery and given by needle.

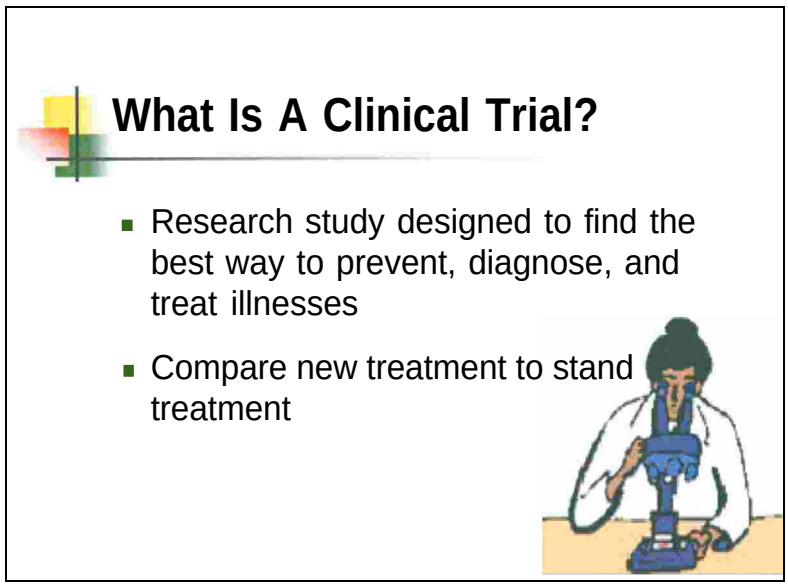
•Do you have any questions or comments about any of the information that we have covered so far?

•Allow time for questions and answers.

•Often times, a new drug or treatment may be tested to determine how effective it is in treating a disease or illness.

•Over the next few minutes, we will talk about clinical trials and why they are so important in developing these new treatments.

Slide 30



•Have you ever sat back and wondered how or why an aspirin can stop your headache; or why cold medications make you feel better? Well, this is all made possible through clinical trials.

•Clinical trials are research studies designed to determine the best way to prevent, diagnose, and treat illnesses. During a clinical trial, two drugs (one old, one new) are compared to see which one helps patients the most.

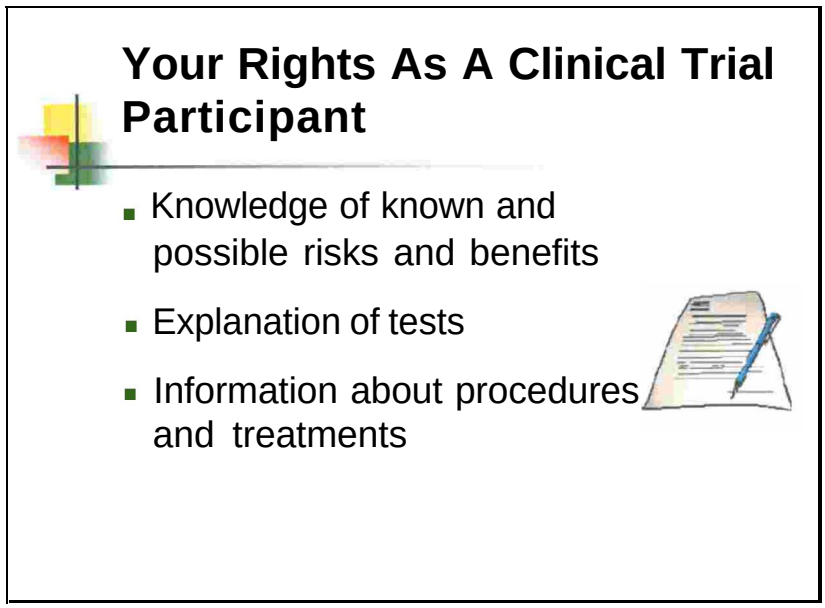
•So you see, without volunteers like yourselves, this very important work would not be possible.

•CCSIT is a little different from a clinical trial in that we are testing education, not medication.

•Based on your input, we plan to look at some of the things that may make it difficult for African Americans to get colorectal cancer screening tests and address them.

•We will also get a better understanding of how to develop helpful materials for teaching about this disease.

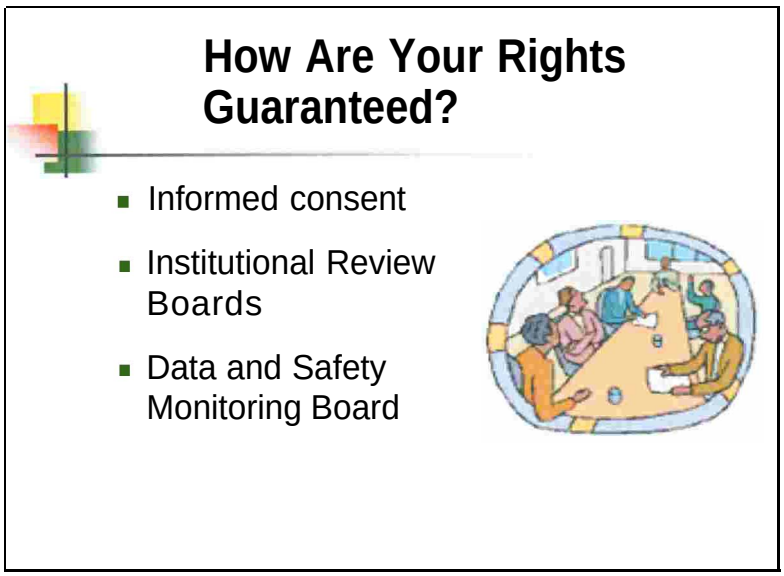
Slide 31



•As a participant in a clinical trial, you have the following rights.

•**Read the slide.**

Slide 32



•A number of measures are in place to ensure that all clinical trials are safe to those who volunteer to participate.

•The informed consent form is one of these measures. In addition to having a written copy of the consent form, it is required that the research team goes over it with you verbally.

•Even before the consent process, an institutional review board must review the entire study to be sure the benefits outweigh the potential risks, This board is made up of experts and community people.

•Throughout the study, another group, called the data and safety monitoring board, will report any safety issues should they arise.

•I repeat, without willing participants like you, it would be almost impossible to make improvements in the field of medicine.

•In fact, there is a need for more African Americans to get involved in these types of studies. We hope that your involvement with the CCSIP has been positive and that you will consider other such projects once this one is over.

SESSION 3:

MAINTAINING HEALTHY HEALTH HABITS

PURPOSE: This lesson encourages participants to incorporate healthier cooking and eating habits into their lifestyles. It also focuses on CRC screening as an important health habit.

ESTIMATED DURATION (60 Minutes):

Networking Social (10 min)

Slide Presentation (40 min)

Question/Answer Period (10 min)

TEACHING OBJECTIVES:

- To discuss eating patterns
- To offer alternative methods for good preparation
- To discuss nutritional content of foods
- To review CRC screening tests
- To review screening guidelines

MATERIALS:

Sign-In Sheet

Slides

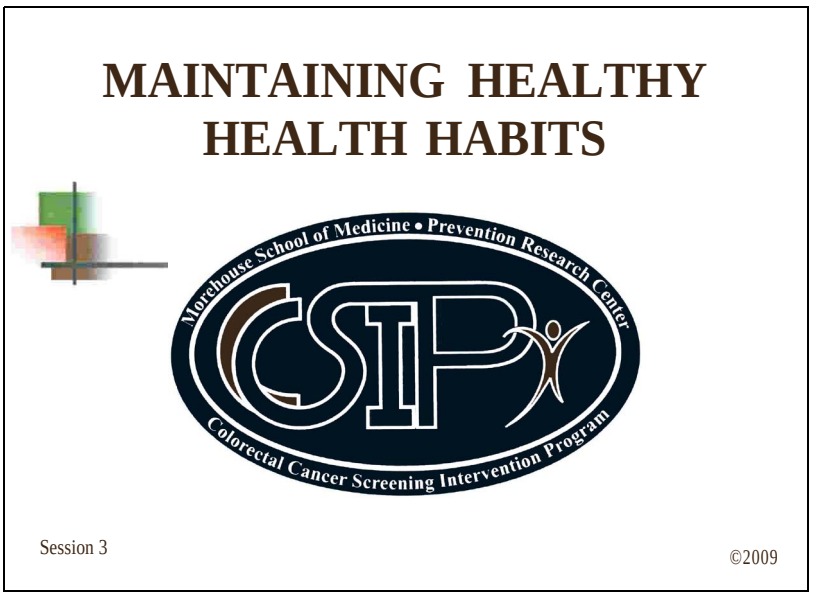
AV Equipment

Brochure #3: Maintaining Healthy Habits to Prevent Colorectal Cancer

CDC Consumer Education Materials
Get Smart in Your Family Dinner
Get Smart as You Shop
Colorectal Cancer Facts on Screening

PROCEDURES: Greetings, introductions and begin the slide presentation with question/answer session to follow. Let them know that you will get back with them if you are unsure of an answer. Make a note of unanswered questions and give it to CCSIP staff. Be sure that everyone has signed in and give each participant a handout if available and then dismiss the group.

Slide 2



Greet the audience

•On behalf of the CCSIP team, I would like to thank you for joining us today.

•In today's session, we are going to talk about the CCSIP project and what it means for you. We will also begin to share some background information about colorectal cancer.

•But before we begin, let's get to know each other. Tell us your name and one interesting thing about yourself. I'll start. **(Share personal information, then ask the group members to do the same. Limit introductions to 30 seconds.)**

Slide 3

(Interaction)

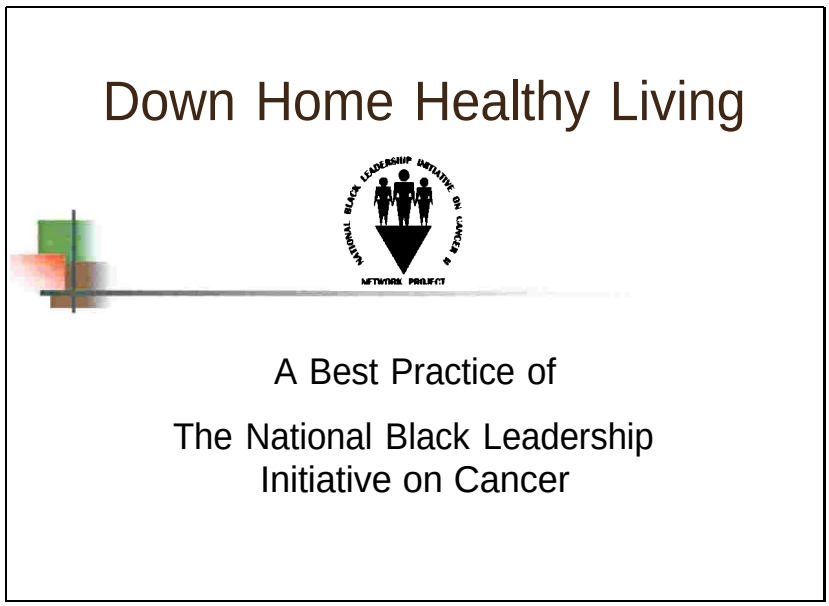
•What do you think about when you think of Thanksgiving dinner? **Acknowledge their responses.**

•That's right, I know I remember those nice Thanksgiving meals with my family. We would have greens with hamhocks, candied yams, cakes and other goodies.

•But, we have learned over time that all foods that are good to us are not necessarily the best for our health.

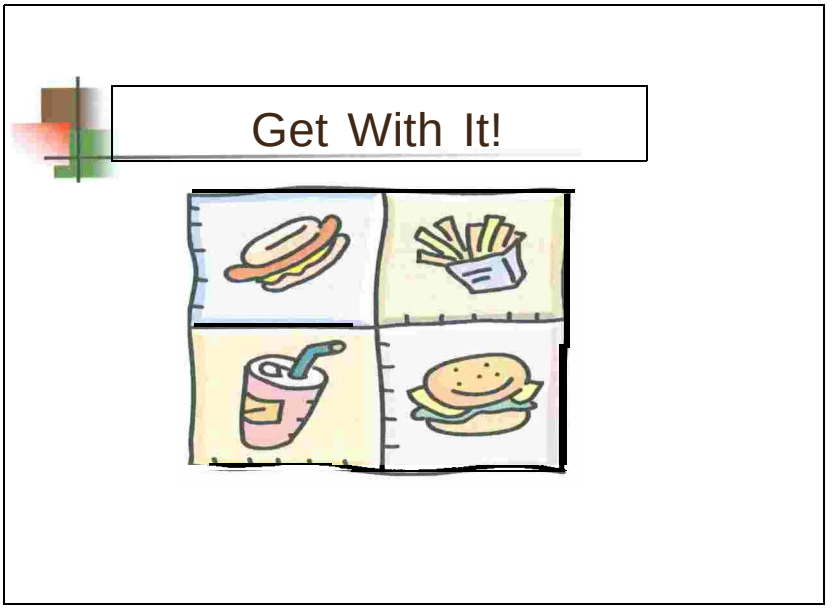
•So today, we are going to talk about Down Home Healthy Living, an alternative approach to preparing foods we like to eat.

Slide 4



Down Home Healthy Living is a **Best Practice** of the National Black Leadership Initiative on Cancer. It is a program of the National Cancer Institute.

Slide 5



•Do we really focus on eating healthy?

•**Personalize Statement.** I know that I am guilty of grabbing fast foods which often includes fries and burgers.

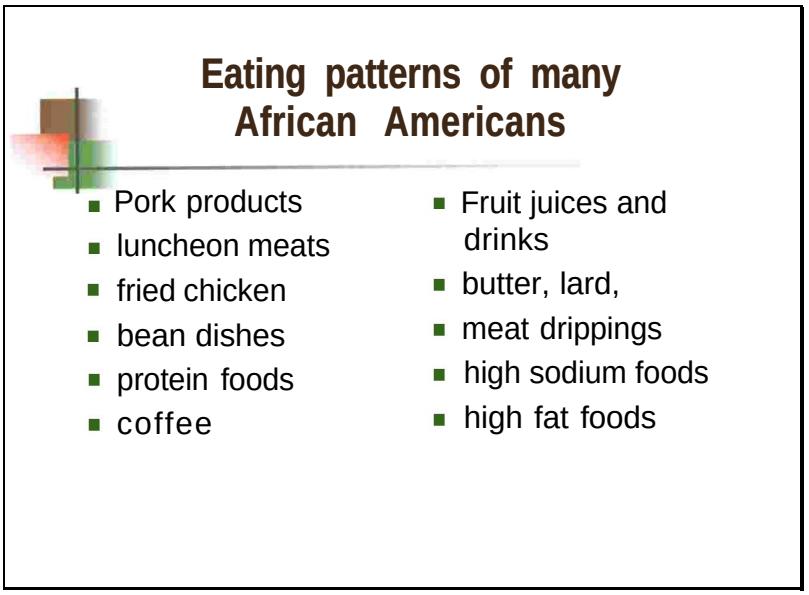
•The goal of “Get With It” is to increase our intake of fruits and vegetables by 25% or about 1/2 a serving a day.

Slide 6

•Did you know that many dietary factors affect cancer risks? The National Cancer Institute estimates that 35% of all cancer deaths may be attributed to dietary factors.

•Eating fruits and vegetables may reduce the risk of cancer and improve overall health; but, the variety of vegetables and how we prepare them may control our overall caloric balance and is crucial to our health.

Slide 7

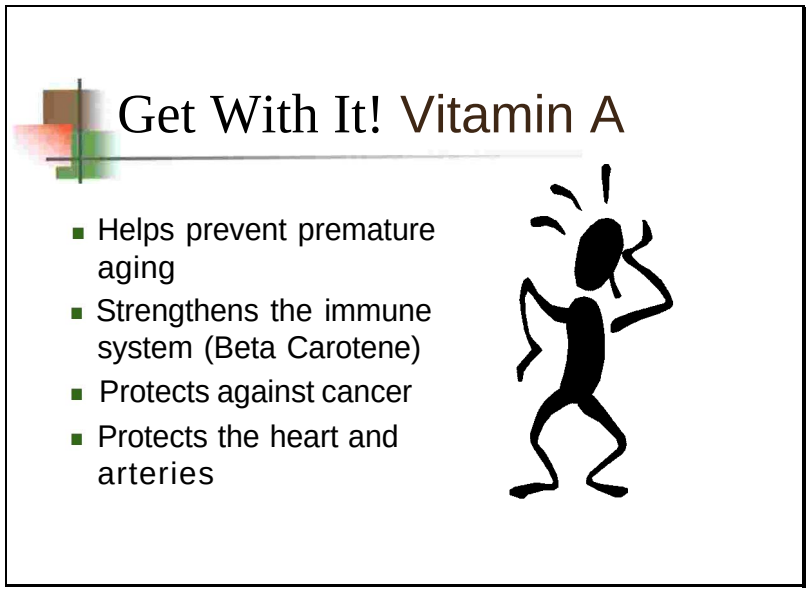


•Historically, the eating patterns of African Americans have included:

> high salt/low potassium intake
> foods high in saturated fat and cholesterol
> low intake of fruits, vegetables, and calcium foods
> high caloric intake

>Now that we've discussed our typical eating patterns, let's talk about some ways that we can modify our diets.

Slide 8



•Let's start with foods that contain Vitamin A which helps prevent premature aging, and protects the heart and arteries.

•Fruits and vegetables containing this important vitamin are very colorful because they contain beta-carotene. They include dark green and deep yellow-orange fruits and vegetables.

•Researchers are discovering that beta-carotene does a lot more than add color to our favorite fruits and vegetables. Studies have shown that Beta-carotene is an immune-booster.

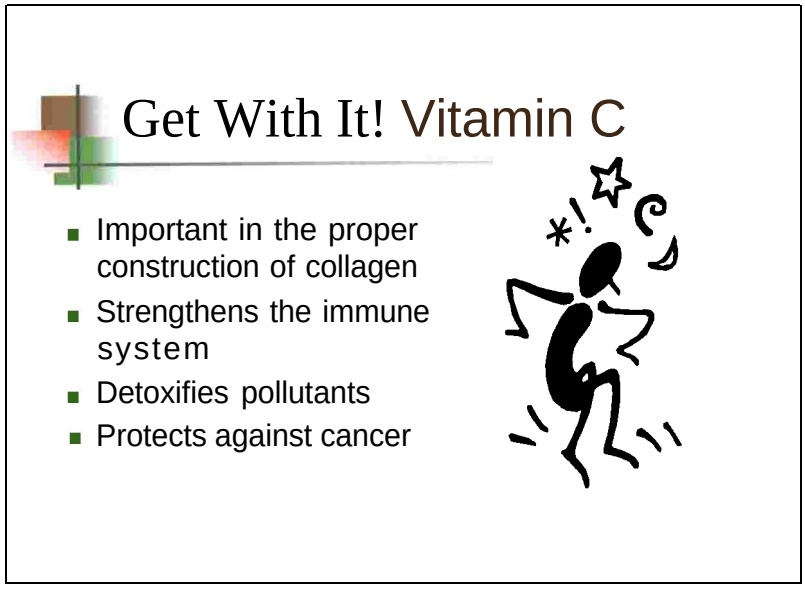
•Diets high in beta-carotene are associated with lower rates of lung, cervical and breast cancers.

Slide 9

•Here is a list of fruits and vegetables that are rich in vitamin A. **Read a few from slide.**

•Since I have just said that this vitamin is good for lung, cervical and breast cancers, you are probably wondering, “why is she/he talking about Vitamin A when our focus is on what is good for colorectal cancer”? You’ll see in a moment...

Slide 10



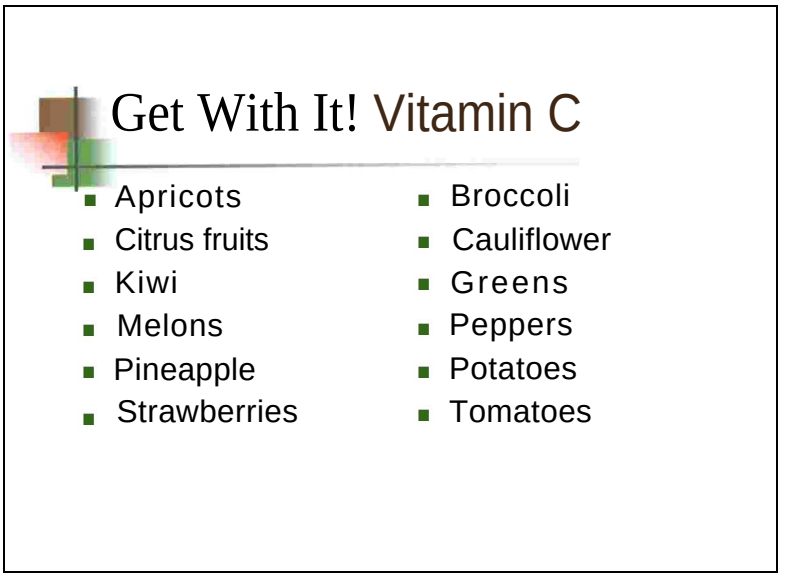
•Now, let's talk about Vitamin C. We all know that people recommend that you take vitamin C for colds; but it has other uses as well.

•It is needed for making collagen which is a principal protein found in tendons, ligaments, bones, cartilage, blood vessels and other tissues.

•Vitamin C helps the immune system fight infection while protecting against cancer and heart disease.

•It also can block the formation of cancer causing agents formed from preservatives used to cure red meats and can protect against other cancer-inducing substances in the diet.

Slide 11



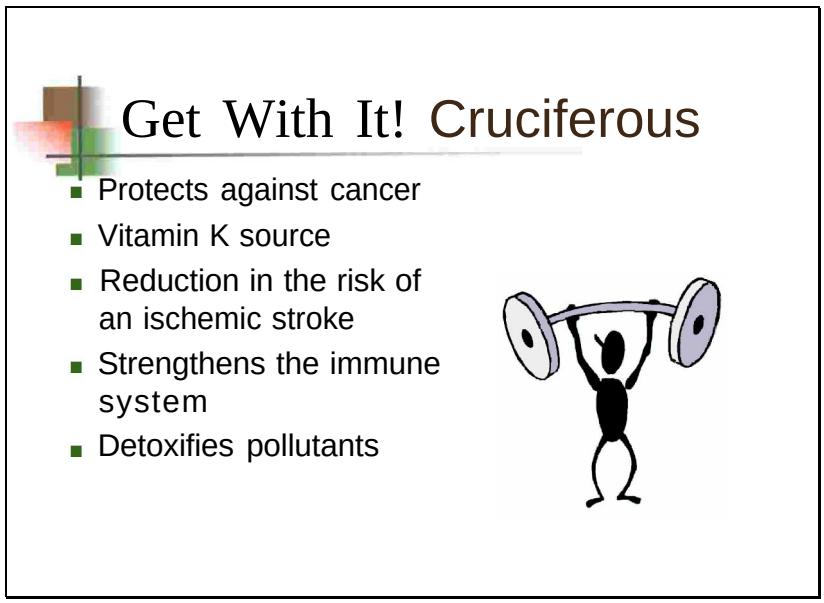
•These are some fruits and vegetables that are rich in Vitamin C.

•Some of the vegetables also contain vitamin A. Can you name some of them? **Wait for Answers. Acknowledge.**

•**(Response:** Broccoli, apricots and tomatoes)

•Let's move on to vitamin K.

Slide 12

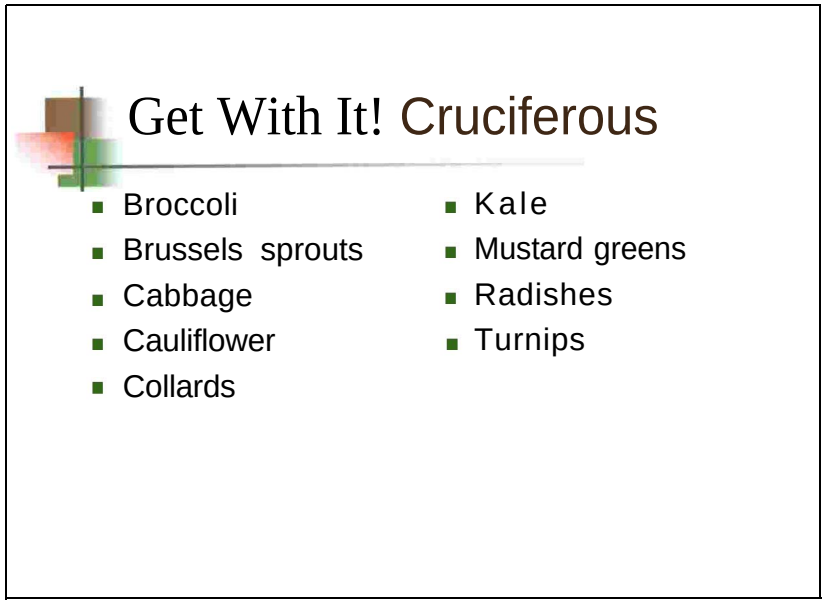


•Cru-ci-fer-ous vegetables which contain Vitamin K are believed to reduce the risk for cancer. They are all members of the mustard/cabbage family.

•Some varieties have more cancer protection than others.

•Compounds in vegetables like cabbage and broccoli can prompt cells to make important enzymes that help detoxify harmful substances, which could cause cancer.

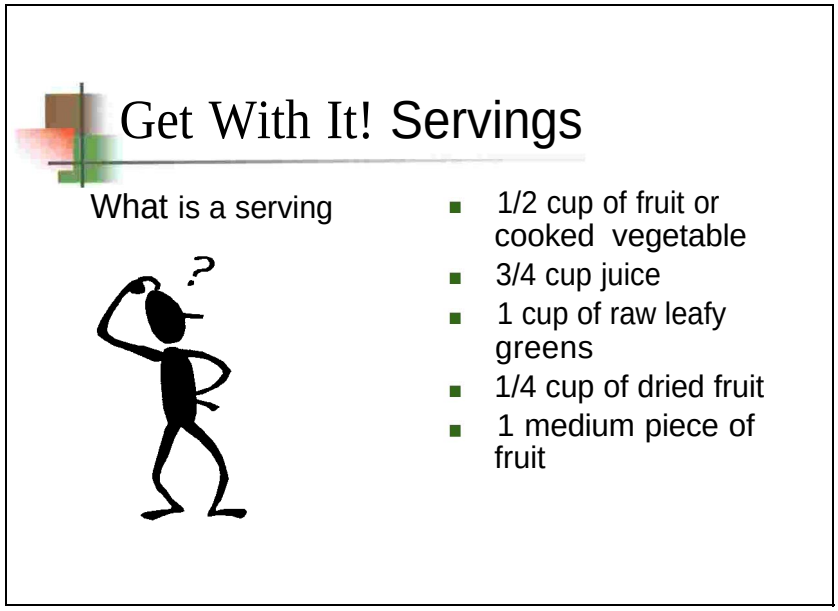
Slide 13



These are examples of cruciferous vegetables.
(Interaction)
•Did you notice that one vegetable has vitamins A,C and K? **Wait for response, Acknowledge. (Answer:** That's right broccoli.)
•Broccoli is an important source of Vitamin K, which helps prevent stomach and colon cancer.

•Brussel sprouts and other cruciferous vegetables such as cabbage, cauliflower, and kale are widely regarded as potential cancer-fighting foods.
•Does anyone have questions about Vitamins A,C or K?
now that I've told you this, you may be wondering," how do I get the recommended 5 servings a day"? Let's talk about it.
(Interaction)
•Does anyone have an idea of what a serving of juice would be? **Acknowledge response.**

Slide 14



•Well, a serving size is as follows on this slide. **Read the slide.**

(Interaction)
•Here are some suggestions on how you might get in at least five servings in a day. Let's say you do this tomorrow: Count the serving as we go:

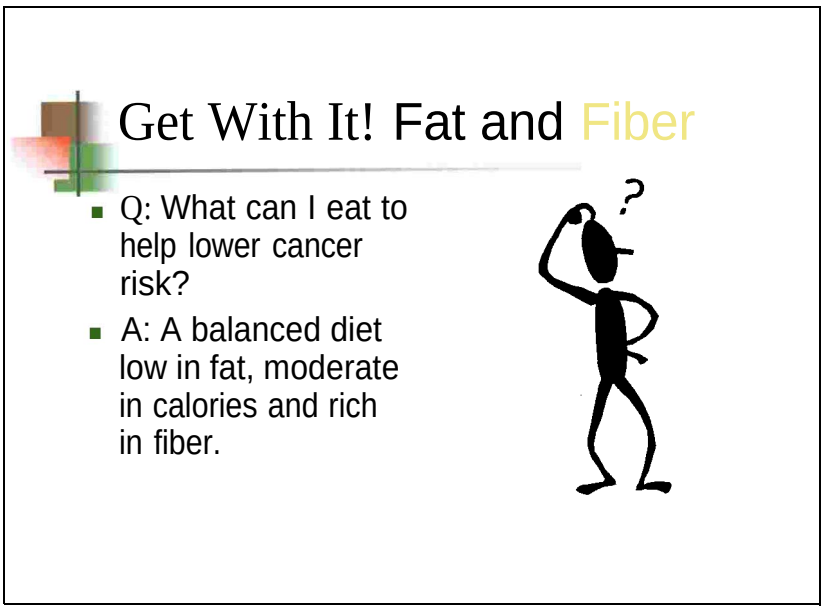
> Start the morning with one fruit and/or glass of juice.
> Take an apple or carrot sticks for a mid-day snack or lunch.
> For lunch or dinner have a salad and some other steamed vegetable.

(Interaction)

> How many servings have you counted so far? **Wait for answer. (Response:** I counted 5) Seems pretty easy, don't you think?

•Now let's explore fats and fiber.

Slide 15



•High fat diets have been associated with an increased risk of cancers of the colon and rectum, prostate, lining of the cervix and breast.

•It has also been linked to chronic diseases, such as heart disease and diabetes.

•Some studies show that eating too much red meat is associated with increased risk of several cancers, including colon and prostate.

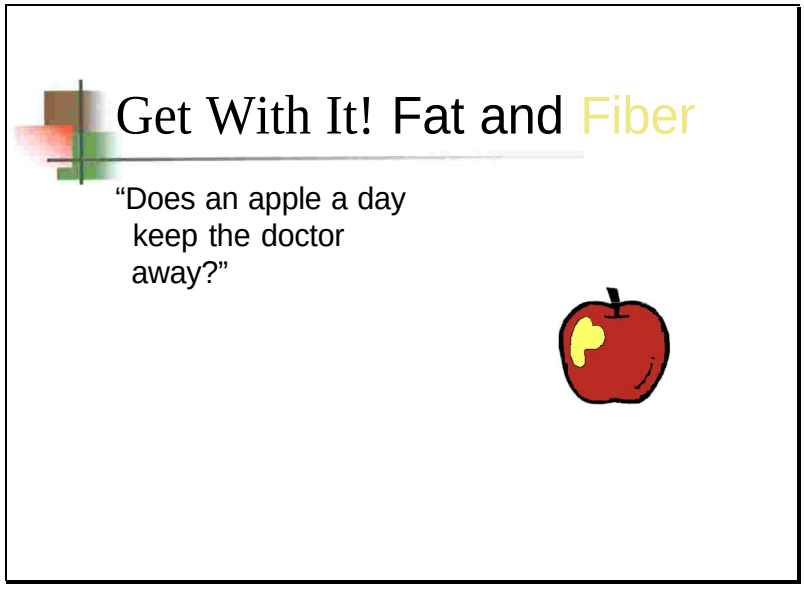
•So what can we do?

>Limit intake of high fat foods, particularly animal sources.

>Choose foods low in fat, high in fiber and folic acid; limit consumption of meats, especially high-fat meats.

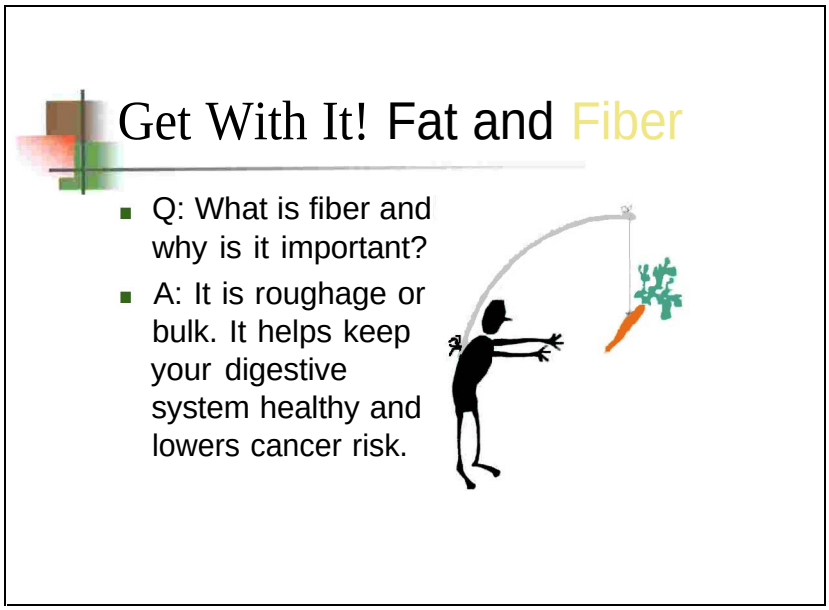
>Eat a combination of at least 5 fruits and vegetables daily.

Slide 16



- Remember the old saying, "An apple a day keeps the doctor away"?
- Can an apple a day keep the oncologist (cancer doctor) away?
- Cornell University scientists report that naturally occurring chemicals in apples slow the growth rate of human colon cancer cells.
- Apples are also a great source of fiber and can help keep that colon flushed.

Slide 17



Read Slide

•Some types of fiber act to prevent cancer by holding water and cleansing the colon.

•So, how can we get more fiber?

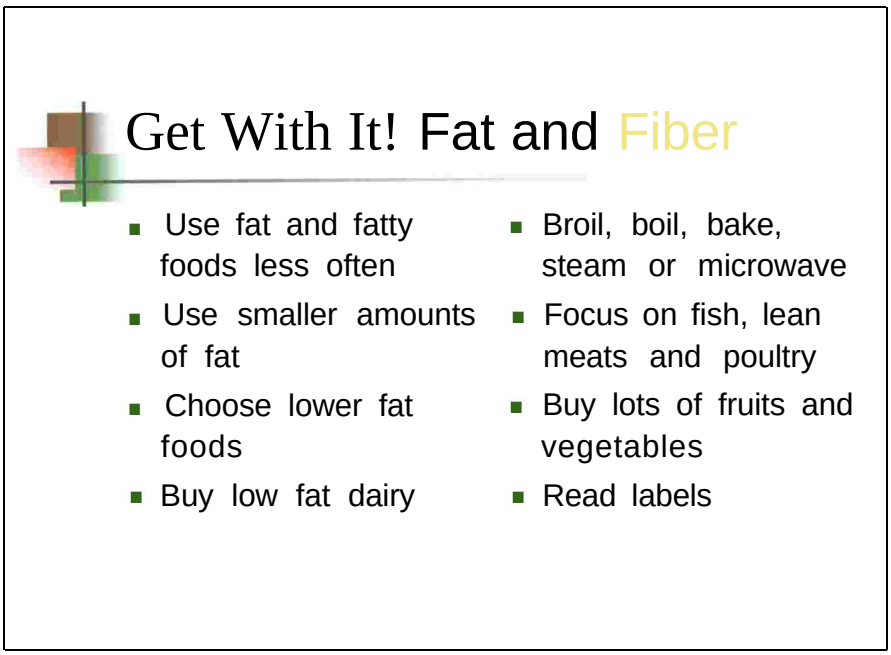
> Increase consumption of whole grain foods, especially cereal.

> Choose foods that list some whole grains as one of the first ingredients on their labels.

> Examples of fiber are whole grain corn, whole oats, whole rye, and whole wheat.

> Wheat flour, enriched flour and regular corn meal are not whole grains.

Slide 18



•So Get With It! **You may read all or a few items below.**

> Choose olive or canola oils. Use low-fat mayonnaise or a substitute. Choose fat-free or low-fat dairy products.
> Cook dry beans and peas.
> Switch to low fat slices of cheese for sandwiches.
> Choose more lean meat cuts such as lean beef, pork tenderloin, or veal.
> Use skinless chicken or turkey; use ground turkey instead of ground beef.
> Eat plenty of grain products, vegetables and fruits daily.
> Limit red meat to 2-3 servings/week.
> Read labels - they are loaded with facts and numbers. Look for the number of fat grams per serving.

Slide 19

•Are there any questions on any the materials that we covered today?

•We encourage you to speak with your health care provider before making any major changes in your eating habits. This especially applies to diabetics.

•Remember!

> Reducing Fat May Reduce Our Risk of Cancer: Too much dietary fat is linked to cancers of the breast, colon, rectum, lining of the uterus and prostate. All of these cancers are common in African Americans; so, reducing fat in our diet may reduce our cancer risk.

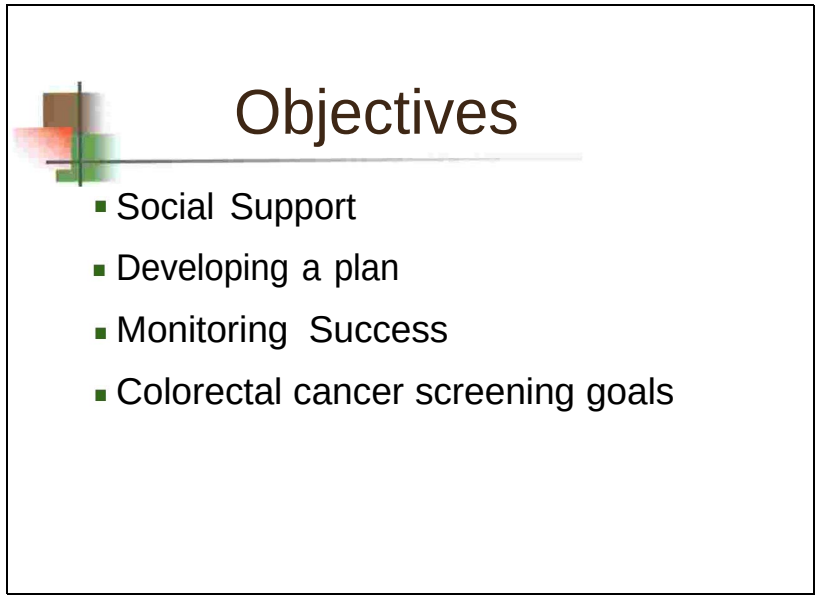
> Eating high fiber foods (vegetables, fruit, whole grains) may lower our risk of colon cancer.

> Eating more fruits and vegetables, and whole grains will help us get many of the vitamins, minerals, and other elements that we need for good health.

> Eating a low-fat, fiber-rich diet can also decrease our risks of other health problems that are common among African Americans-heart disease, obesity, high blood pressure and diabetes.

> And Best of All, We Will All Feel Better!

Slide 20



•Now, we will address the role of social support in maintaining healthy screening habits.

•We will also discuss how to develop a plan and monitor your success.

•Finally, I'll ask you to set your future screening goals.

Slide 21

•As many of you will probably agree, it's good to have the support of loved ones when making life decisions.

(Interaction)
•Who or where do you go to for your support? Anyone? **Allow time for responses.**

•Committing to a healthy lifestyle is one of the most important decisions that you will ever make. Let's see who's in your corner.

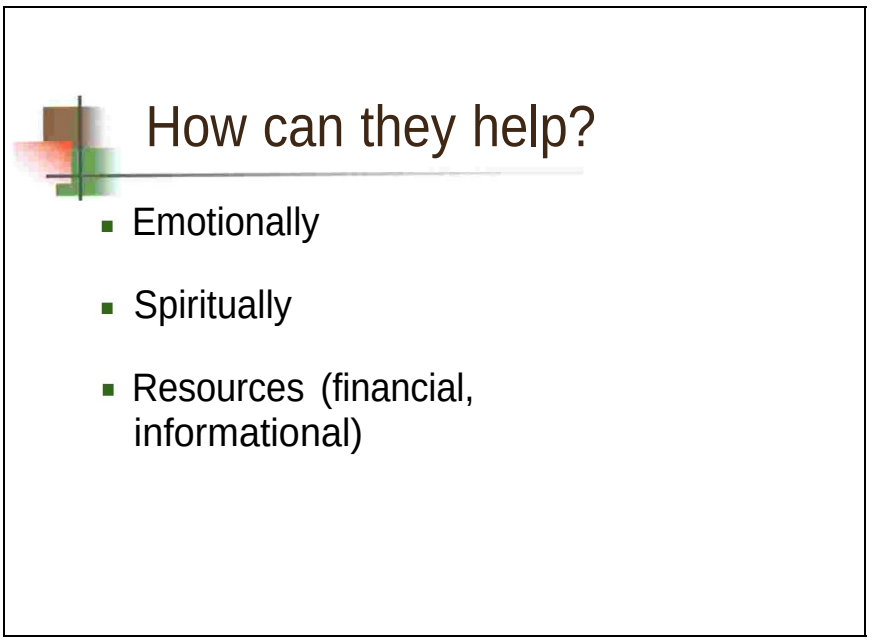
Slide 22

•Obviously, family and friends are great sources of support.

•Other sources from which to draw support include, but are not limited to, your pastor and church family, neighbors, healthcare providers, community-based organizations and the CCSIP Team.

•These individuals make up your social network.

Slide 23



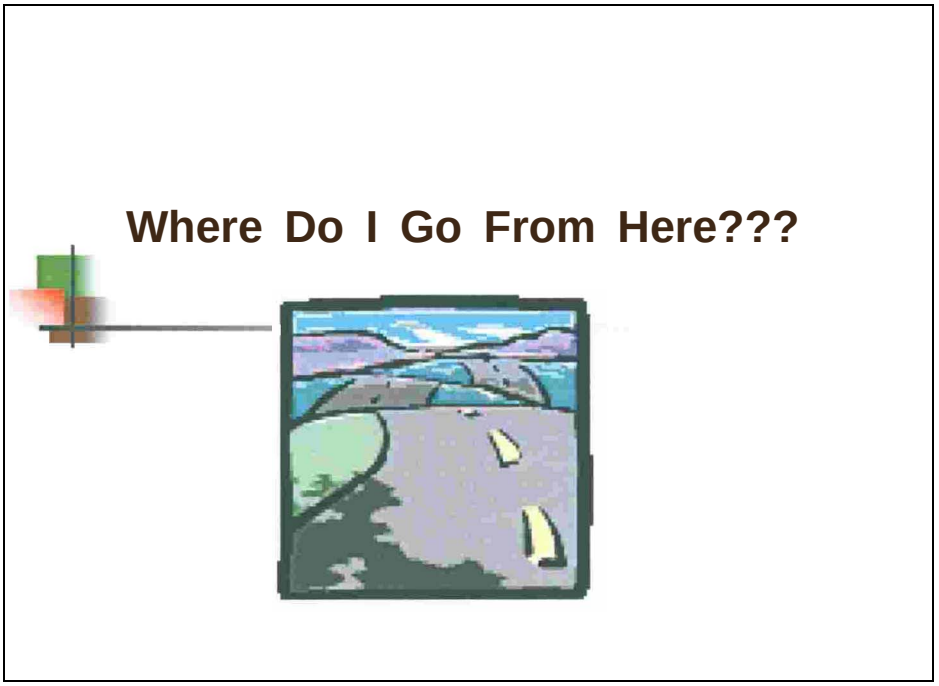
•Everyone in your network has the potential to influence your ability to maintain healthy habits.

•Whether it's providing emotional and spiritual support or financial and informational resources, the role of a social network is very important.

(Interaction)
•Can anybody list other things that the members of your social network can do to help you maintain your health commitment? **Allow time for responses.**

•**If no other response . . .** I think that the items that we mentioned cover a wide range of things that members of our support system can offer.

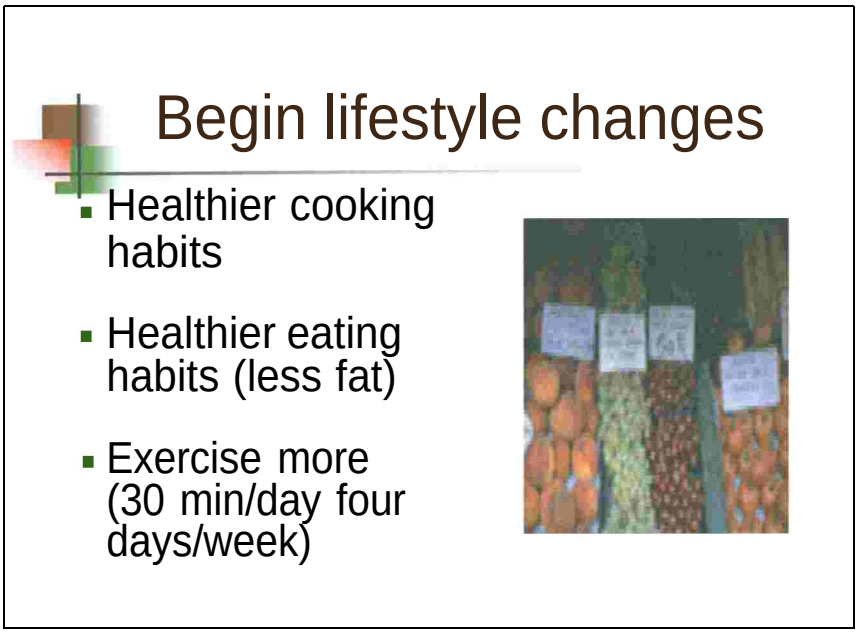
Slide 24



•Okay, you have learned what CRC is, how to recognize symptoms, what you need to do to be screened, and who you can count on, so where do we go from here?

(Interaction)
•What are some ways that we can apply what we have learned to our lives?
(Responses: exercise, eat healthier, cook healthier).

Slide 25



•The first thing would be to begin to make lifestyle changes.

•When cooking, fry less often.

•Incorporate healthier eating habits. For example, eat fresh fruits for snacks and choose fresh vegetables when shopping.

•Also, exercise at least 30 minutes per day four times a week.

Slide 26

•The next thing you can do is begin healthier screening patterns by scheduling a visit with your healthcare provider.

•Think about inviting a friend to schedule his/her appointment on the same day as yours or just to go along with you for company.

•Before the visit, write down some questions that you may want to ask.

Slide 27

•Now, how can you monitor your success?

Slide 28

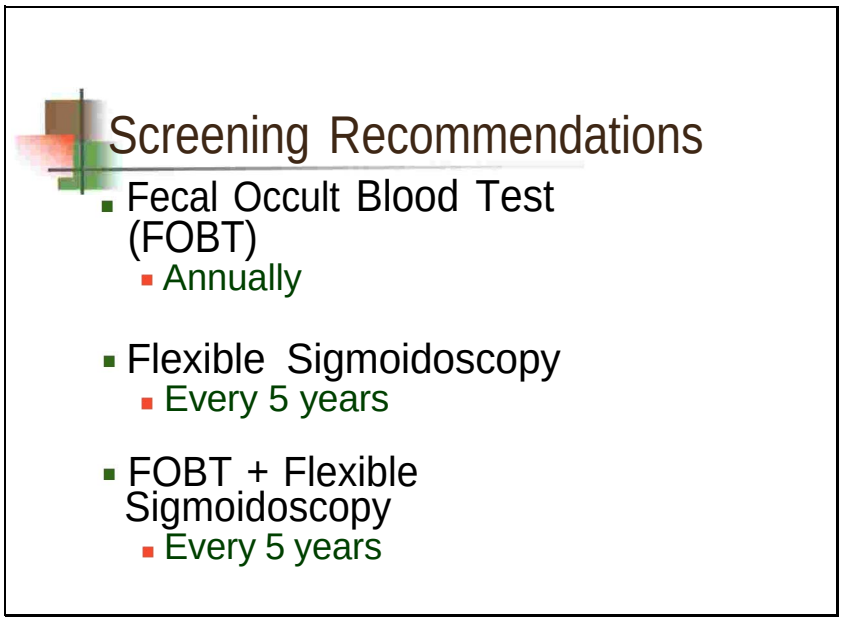
•At your doctor's visit, immediately schedule a follow-up visit. Mark your calendar and tell a friend so that you have two reminders.

•Keep a record of the dates on which you had your last test.

•Continue to eat a healthy diet and exercise.

•Most importantly, encourage friends to take an active role in their health just as you have.

Slide 29



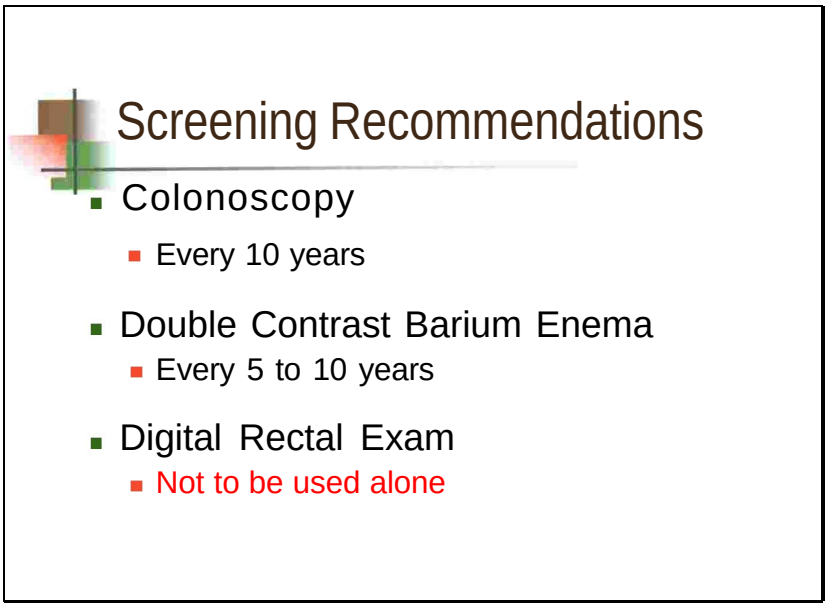
•Keep in mind the following screening recommendations starting at the age of 50:

•Fecal Occult Blood Test - once a year

•Flexible Siamoidoscopy - once every five years

•As mentioned before, your health care provider may recommend that you have both the FOBT and flexible sigmoidoscopy done at the same time.

Slide 30



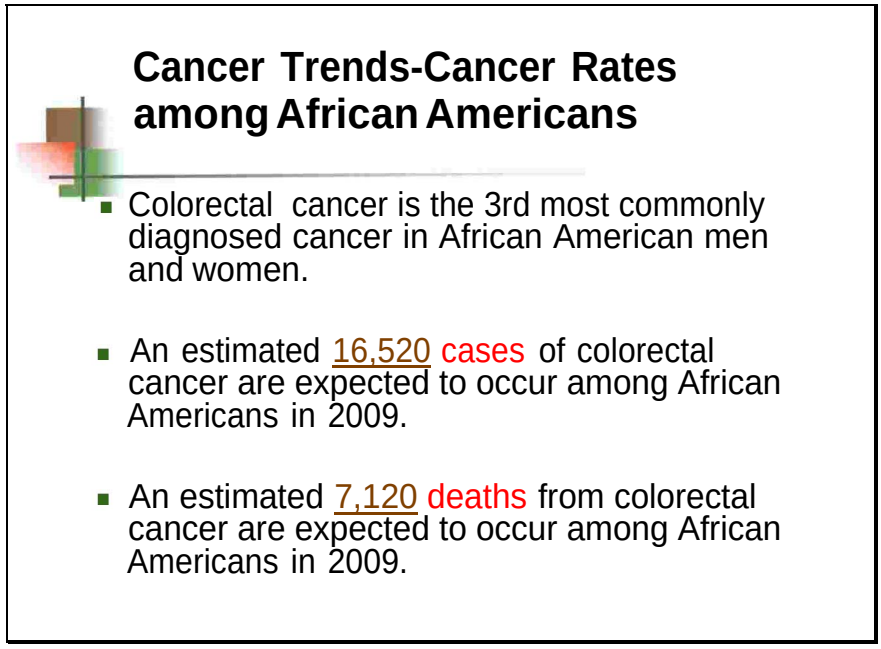
•Colonoscopy - every 10 years

•Double-Contrast Barium Enema once every 5 to 10 years

•Again, the DRE should be done in conjunction with another screening test.

•Please note, depending on your level of risk, your healthcare provider may share a slightly different schedule with you.

Slide 31



•Let's talk about how colorectal cancer affects African Americans.

•An estimated 16,520 new cases of colorectal cancer are expected to occur among African Americans in 2009.

•Also, an estimated 7,120 deaths from colorectal cancer are expected to occur among African Americans in 2009.

Slide 32

•The good news is that with proper screening, 90% of all cases and deaths are thought to be preventable.

•Screening tests allow health care providers to detect and remove precancerous growths in the colon and/or rectum that could turn into cancer if left untreated.

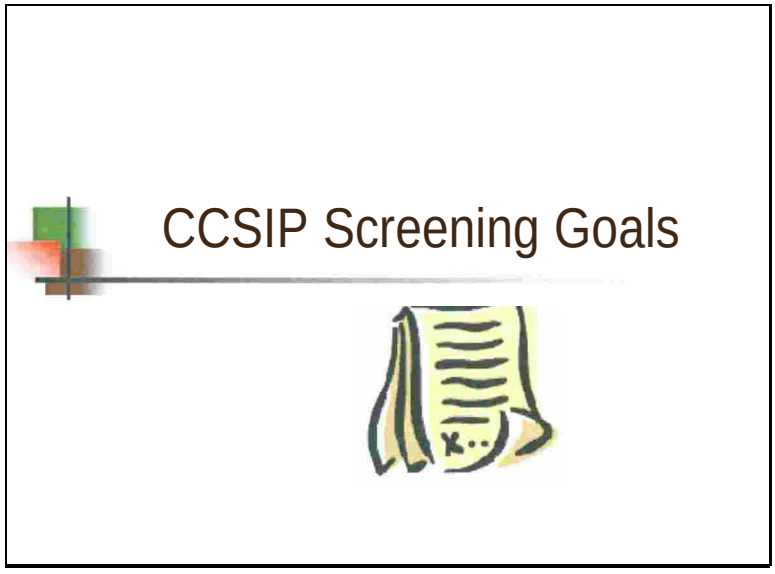
•The good news doesn't stop here! There are other things that can also be done to reduce our chances of getting colorectal cancer.

•Anything that increases a person's chances for getting a disease is known as a risk factor.

•There are two categories of risk factors. Those we can change and those we can't change.

•Today, we are going to talk about modifiable risk factors, which are the things we can change to reduce our risk for getting colorectal cancer.

Slide 33



•Now that you have this new found knowledge about CRC, let's set some goals that will help us maintain our progress.

(INTERACTION)
Discuss setting goals for CRC screening and lifestyle behaviors with participants.

Thank participants for attending the three CCSIP sessions.
Spend time answering questions and addressing concerns.

QUALITY CONTROL MEASURES

The name, purpose, content domains, operational data items and administration of data collection measures are outlined below:

Instrument	*Purpose*	*Content Domains*	Operational Data Items	Administration
Participant Sign-In Log	Codes date and location of sessions; participant list	Participant/facilitator names; date, location,		CCSIP Session 1,2,3 *(Time to Completion: 3 min.)*
Participant Contact Card	Codes name, address, telephone number, email address, CRC screening status	Participant contact information and CRC screening status		CCSIP Session 3
Participant Follow-Up Report	Codes participant follow-up 90-days post-intervention, measures CRC screening method; records intent-to-screen	Telephone script for participant follow-up		90-days post CCSIP Session 3
Event Form	Codes for location, session, number of participants. Codes major participant demographic characteristics and recruitment methods	Date, Location, Participant, Ethnic/Cultural/Racial Background, Gender, Geographic Area, Economic Level, Level of Education		CCSIP Session 1,2,3 *(Time to Completion: 10 min.)*
Facilitator Characteristics Form	Codes major demographic characteristics of facilitators. Codes professional background. Codes agency information Codes prior experience related to cancer early detection. Codes cancer history.	Agency type (represented), name and role in Intervention Session, Facilitator race-ethnicity, age, gender, similarity to target groups (primary language, gender, age, religious preference), types of professional training professional identification.	Facilitator ID Number (RCCG + Initials), Organization Type & Organization Name, Role in Intervention Session, Language Preference, Ethnic/Cultural/Racial Background, Date of Birth, Gender, Religious Preference, Professional Credentials, Years of Professional Experience, Area of Expertise, Highest Level of Education, Current Employment Status, Role, Cancer Awareness Presentation Experience, Person and/or Family Cancer History	Facilitator Training *(Time to Completion: 12 min.)*

COLORECTAL CANCER SCREENING INTERVENTION PROGRAM

Participant Sign-in Log

Location _____

Facilitator Name _____

Session Number *(Please place date under the session attended + initials)*

Participant Name *(please print)*	**1**	**2**	**3**

COLORECTAL CANCER SCREENING INTERVENTION PROGRAM (CCSIP)
PARTICIPANT CONTACT CARD

Date _ _ / _ _ / _ _

Thank you for participating in today's session. We would like to contact you in the next few months to ask you a few questions about this session. Answers to these questions will help us find out how effective this program is in helping Georgians learn more about the importance of colorectal screening. Please fill out this form and return it to the program facilitator.

(Please print)

What is your name?

_____ _____ _____

First *Middle Initial* *Last*

What is your address?

_____ _____ ____ _____

Street *City* *Zip Code*

What is your telephone number?

(_____) _____-_____ (_____) _____-_____ (_____) _____-_____

Day-Time *Evening* *Cell Phone*

What is your Email Address? _____

What is the best time to contact you? *(Please check all that apply)*

☐ 9:00am-12Noon
☐ l:00pm-4:00pm
☐ 4:00pm-7:00pm
☐ Other _____

Have you had any colorectal cancer screening tests in the past?

☐ Fecal Occult Blood Test (FOBT) If yes, when? _____ (year)
☐ Sigmoidoscopy If yes, when? _____ (year)
☐ Colonoscopy If yes, when? _____ (year)
☐ Double Contrast Barium Enema If yes, when? _____ (year)

If you have <u>not</u> had any colorectal cancer screening tests in the past, do you plan to have any tests soon?

☐ Yes
☐ No

COLORECTAL CANCER SCREENING INTERVENTION PROGRAM

Participant Follow-Up Report

Facilitator _____

1. Participants should be contacted approximately 90-days post-CCSIP participation.

2. Check participant follow-up form to determine the best time to telephone/contact participant.

3. Contact each participant at least twice. Enter date/time of each contact. (If only one contact is made, leave 2nd contact date/time blank)

4. Script: *Hello: (Mr./Mrs./Miss)* _____*, my name is* _____*. I am calling you about colorectal cancer educational sessions you attended at* _____ *a few months ago. How are you doing? I would like to ask you a few follow-up questions. Is this a good time?*
   a. Have you been to the doctor since the time you attended the colorectal cancer educational session at _____?
   b. (If yes) Have you had any colorectal cancer screening tests?
   c. (If yes) Which tests have you had?
   d. (If no) Do you plan to have any test soon?

   Thank you very much for taking the time to speak with us. Have a good (day/evening). Goodbye.

5. Please call Selina Smith (404) 246-1179 if there are questions about this report.

6. Fax completed participant follow-up forms to Lisa Hinton @ (404) 763-3564 or mail them to her at the following address:

   Prevention Research Center
   Morehouse School of Medicine
   720 Westview Drive, SW
   Atlanta, GA 30310-1495

COLORECTAL CANCER SCREENING INTERVENTION PROGRAM

Participant Follow-Up Report

Facilitator _____

Participant Name	1st Contact	2 nd Contact	FOBT	FLEX SIG	COLONOSCOPY	DCBE	Intent to Screen
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
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32.							
33.							
34.							
35.							
36.							
37.							

COLORECTAL CANCER SCREENING INTERVENTION PROGRAM
Event Form
Date _ _ / _ _ / _ _

1. **In which Georgia Region was the CCSIP session conducted?** (please check one)
   - 01 ☐ East (Athens)
   - 02 ☐ Central (Forsyth)
   - 03 ☐ Southeast (Savannah)
   - 04 ☐ Northwest (Rome)
   - 05 ☐ Southwest (Albany)
   - 06 ☐ West Central (Columbus)
   - 07 ☐ Fulton County (Metro Atlanta)

2. **Which CCSIP Session was presented?**
   - 01 ☐ Session I
   - 02 ☐ Session II
   - 03 ☐ Session III

3. **How many participants attended this event?**

   _____

4. **Of your participants in this session, how many were male and how many were female?**
   - 01 ☐ Male _____ (Total Number)
   - 02 ☐ Female _____ (Total Number)

5. **What age group made up your participants?** (please check **most** appropriate answer)
   - 01 ☐ 49 to 59
   - 02 ☐ 60-74
   - 03 ☐ 74+
   - 04 ☐ Other _____
     please specify

6. **What was the educational level of your participants?** (please check **most** appropriate answer based on highest educational level attained)
   - 01 ☐ High school graduation or less
   - 02 ☐ Some college/Bachelors degree
   - 03 ☐ Some graduate work/Graduate degree
   - 04 ☐ No specific educational level
   - 05 ☐ Other _____
     please specify

7. **What specific geographic area did your audience represent?** (please check **most** appropriate answer)

01 ☐ Surrounding neighborhood
02 ☐ City/Region wide
03 ☐ Site-based (e.g., participants in existing program)
04 ☐ No specific geographic area
05 ☐ Other _____
please specify

8. **What was the economic level of your participants?** (please check **most** appropriate answer)

01 ☐ Non-working poor
02 ☐ Working poor
03 ☐ Lower middle class
04 ☐ Middle class
05 ☐ Upper class
06 ☐ No specific economic level
07 ☐ Other _____
please specify

9. **Did your participants represent any other specific group characteristics?**

01 ☐ Yes
02 ☐ No
03 ☐ If yes, please specify _____

10. **How was your audience reached?** (please check **all** that apply)

01 ☐ Organization/Church bulletin/Newsletter
02 ☐ Meeting announcements
03 ☐ Media: print or electronic
04 ☐ Social gathering announcement
05 ☐ Event held in conjunction with another activity
Please specify activity _____

Form completed by (name) _____

This form was developed as a quality control tool for the
Colorectal Cancer Screening Intervention Program

FACILITATOR CHARACTERISTICS FORM

Georgia Cancer Coalition Region_____

Date_ _ / _ _ / _ _

FACILTITATOR DEMOGRAPHIC INFORMATION

1. **To which racial/ethnic group do you belong?** (please check one)
   - 01 ☐ African American/Black (non-Hispanic)
   - 02 ☐ Asian/Pacific Islander
   - 03 ☐ Hispanic/Latino
   - 04 ☐ Native American/Alaskan Native/American Indian
   - 05 ☐ White (non-Hispanic)
   - 06 ☐ Other_____

     (Please Specify)

2. **What is your age?** _____ (years)
3. **What is your gender?**
   - 01 ☐ Male
   - 02 ☐ Female
4. **What is the highest level of education you have completed?**
   - 01 ☐ Elementary/Primary
   - 02 ☐ High School
   - 03 ☐ College
   - 04 ☐ Graduate/Post Graduate
5. **What is your marital status?**
   - 01 ☐ Married or equivalent
   - 02 ☐ Single
   - 03 ☐ Divorced
   - 04 ☐ Widowed
6. **What is your profession or area of expertise?** _____
7. **How many years of experience do you have in this profession?**
   - 01 ☐ Less than 5
   - 02 ☐ 5-10
   - 03 ☐ 10-15
   - 04 ☐ 15+
8. **What is your current employment status?**
   - 01 ☐ Employed for wages
   - 02 ☐ Self-employed
   - 03 ☐ Out of work for more than 1 year
   - 04 ☐ Out of work for less than 1 year
   - 05 ☐ Homemaker
   - 06 ☐ Student
   - 07 ☐ Retired
   - 08 ☐ Unable to work

COLORECTAL CANCER SCREENING

9. A blood stool test is when the stool is examined to determine whether it contains blood. Have you ever heard of a blood stool test?

01 ☐ Yes
02 ☐ No
03 ☐ Don't Know
04 ☐ Refused

10. A digital rectal exam is when a doctor or other health professional inserts a finger in the rectum to check for cancer or other health problems. Have you ever had this exam?

01 ☐ Yes
02 ☐ No
03 ☐ Don't Know
04 ☐ Refused

11. Was the test done as a result of a routine exam?

01 ☐ Yes
02 ☐ No
03 ☐ Don't Know
04 ☐ Refused

12. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had either of these exams?

01 ☐ Yes
02 ☐ No
03 ☐ Don't Know
04 ☐ Refused

COLORECTAL CANCER HISTORY

13. Have you or anyone close to you ever had colorectal cancer?

01 ☐ Yes
02 ☐ No
03 ☐ Don't Know
04 ☐ Refused

14. If yes to 413, who had cancer? (please check all that apply)

01 ☐ Self
02 ☐ Primary female relative (mother, sister, aunt)
03 ☐ Primary male relative (father, brother, uncle)
04 ☐ Male spouse
05 ☐ Female spouse
06 ☐ Friend
07 ☐ Other_____

(Please Specify)

This form was developed as a quality control tool for CCSIP

CCSIP EDUCATIONAL MATERIALS

Session-specific brochures have been developed to emphasize key learning objectives of the three educational sessions. In addition to the brochures, a set of CDC consumer education materials will be provided to each participant at the conclusion of the final educational session.

Brochures

Session #l: Prevention and Early Detection is Key

Session #2: How to Recognize Signs and Symptoms / Screening Recommendations
Session #3: Maintaining Healthy Habits to Prevent Colorectal Cancer

CDC Consumer Education Materials

Get Smart in Your Family Dinner
Get Smart as You Shop
Colorectal Cancer Facts on Screening

What YOU Can Do to Lower Your Risk

Stop Smoking – Recent studies show that non- smokers are 60% to 70% less likely than smokers to die of colorectal cancer.

Drink alcoholic beverages in moderation. Women should drink no more than 1 drink a day. Men should drink no more than 2 drinks a day.

Exercise at least 30 min. four times a week. activities you can try are walking, jogging, swimming and dancing.

CCSIP

The goal of the Colorectal Cancer Screening Intervention Program (CCSIP) is to increase colorectal cancer screening rates among African Americans in Fulton County by educating the community about colorectal cancer and the importance of getting screened.

For more information on colorectal cancer prevention and early detection, contact CCSIP at:

National Black Leadership Initiative on Cancer III:
Community Networks Program
720 Westview Drive, SW
Atlanta, Georgia 30310
Phone: Atlanta, GA 30310-1495
Phone: 404.756.5205
Fax: 404.756.5295
E-mail: dsmith-williams@msm.edu

Colorectal Cancer Screening Intervention Program (CCSIP)

COLORECTAL CANCER

Prevention and Early Detection is Key!

What Everyone Should Know About Colorectal Cancer

What is Colorectal Cancer?

- Cancer that starts in the large intestine (colon)
- Abnormal cells in the colon or rectum
- Cancer cells that break away

Risk Factors

Risk factors are those things that increase a person's chance of developing a disease. There are two types of risk factors:

- **Non-modifiable** – the risk factors we cannot change
- **Modifiable** – the risk factors we can change

Non-Modifiable Risk Factors

Family History - Close relatives of an immediate family member who has or had colorectal cer.

Personal History - Individuals who have or have had colorectal cancer have an increased risk of deleveloping new cancers in other areas of the colon and rectum.

Chronic Inflammatory Bowel Disease - Crohn's disease or ulcerative colitis

Growing Older - The risk of developing colorectal cancer increases after the age of 50.

Modifiable Risk Factors

- Obesity
- Eating Disorders
- Smoking
- Alcohol
- Exercise
- Screening Habits

Colorectal Cancer Screening Tests

- **Fecal Occult Blood Test (FOBT)** once a year. This is a test done on a bit of bowel movement.
- **Flexible Sigmoidoscopy** once every five years, with FOBT tests once a year. This is an exam of part of the colon through a scope.
- **Colonoscopy** once every 10 years. This is an exam of the whole colon through a scope.

Screening should begin at age 50 for those at normal risk.

Be sure to speak with your physician to determine your screening practice.

BE SURE TO FOLLOW GUIDELINES!!

WHY GET SCREENED

- **Early detection**
  - **Better response to treatment**
  - **Improved chances of survival**
- **Prevention**
  - **Removal of polyps**

CCSIP

The goal of the Colorectal Cancer Screening Intervention Program (CCSIP) is to increase colorectal cancer screening rates among African Americans in Georgia by educating the community about colorectal cancer and the importance of getting screened.

For more information, contact

Morehouse School of Medicine

National Black Leadership Initiative on Cancer III: Community Networks Program

720 Westview Drive, SW

Atlanta, GA 3031 O-1495

Phone: 404.756.5205

Fax: 404.756.5295

E-mail: dsmith-williams@msm.edu

Colorectal Cancer Screening Intervention Program (CCSIP)

COLORECTAL CANCER

How to Recognize Signs and Symptoms

Screening Recommendations

Symptoms to Look For

- Changes in bowel habits
  - Bloody stool
  - Shape of stool (flat like a ribbon)
  - Diarrhea
  - Constipation
  - Feeling that bowel doesn't empty completely
- Abdominal discomfort
  - Gas pains
  - Bloating
  - Fullness
  - Cramps
- **Weight loss**
  - Unexplained weight loss
- **Decreased energy level**
  - Tiredness/Weakness
- **Vomiting**

Screening Recommendations

- **Fecal Occult Blood Test (FOBT)**
  - Looks for blood that may be hidden in stool
  - Annually
- **Flexible Sigmoidoscopy**
  - Checks for polyps or cancer inside the rectum and bottom portion of the colon
  - Once every 5 years combined with annual FOBT
- **Colonoscopy**
  - Examination of the entire colon and rectum
  - Can remove some polyps and cancer
  - Once every 10 years
- **Double-Contrast Barium Enema**
  - X-ray of colon
  - Every 5 to 10 years
- **Digital Rectal Exam**
  - Physician checks for abnormalities with finger
  - Not to be used alone

Insurance Coverage

Medicare

The following tests will cost you:

- **FOBT** – nothing
- **Flexible Sigmoidoscopy** – Medicare will cover 75 percent of the cost of a flexible sigmoidscopy if the procedure is done in an ambulatory surgical center or hospital outpatient department.
- **Colonoscopy** – Medicare will cover 75 percent of the cost of a colonoscopy if the procedure is done in an ambulatory surgical center or hospital outpatient department.

Medicaid

Coverage of colorectal cancer screening in Georgia is determined on a case by case basis. Your healthcare provider will submit the proper paperwork to Medicaid to seek approval if he/she thinks the screening is necessary.

Other Insurance Plans

Georgia law requires that all health insurance policies provide coverage for colorectal cancer screening, exams, and laboratory tests according to recommended guidelines.

WHO'S IN YOUR CORNER?

- Family and friends
- Pastor and church family
- Neighbors
- Healthcare provider
- Community-based organizations
- CCSIP Team

How They Can Help

- Emotionally
- Spiritually
- Resources (financial, informational)
- Buddy system

Monitoring Your Success

- Schedule follow-up visit
- Keep a record of tests and results
- Prepare questions for your health care provider

Down Home Healthy Living

- Reducing fat may reduce your risk of cancer
- Increasing fiber helps protect against cancer
- Eat more vitamins and minerals
- Eating 5 or more fruits and vegetables daily reduces cancer risk
- You can reduce your risk of other health problems
- You'll feel better

Down Home Healthy Living is a best practice of the National Black Leadership Initiative on Cancer III

National Black Leadership Initiative on Cancer III:
Community Networks Program
720 Westview Drive, SW
Atlanta, Georgia 30310
Phone: Atlanta, GA 30310-1495
Phone: 404.756.5205
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E-mail: dsmith-williams@msm.edu

CCSIP

Maintaining Healthy Habits to Prevent Colorectal Cancer

GET WITH IT!
Healthy Food Choices

Did you know that your diet affects cancer risk?

- Types of foods
- Food preparation method
- Serving sizes
- Food variety

What is a serving?

- l/2 cup of fruit or cooked vegetable, or 3/4 cup juice
- one cup of milk or three cheese cubes
- a piece of meat the size of a deck of cards
- one medium piece of fruit
- one cup of whole grain cereal, or one fourth of a bagel, or one cup of pasta

Vitamin A
Helps prevent premature aging

Strengthens the immune system (Beta Carotene)

Protects against cancer

Protects the heart and arteries

Sources of vitamin A

- Cantaloup
- Mango
- Peaches
- Broccoli
- Carrots
- Greens
- Spinach
- Sweet Potatoes
- Tomatoes

Vitamin C
Important in the proper construction of collagen

Strengthens the immune system

Detoxifies pollutants

Protects against cancer

Sources of vitamin C

- Apricots
- Citrus fruits
- Kiwi
- Melons
- Pineapple
- Strawberries
- Broccoli
- Cauliflower
- Greens

* CRUCIFEROUS-MEMBER OF THE CABBAGE FAMILY OF VEGATABLES

GET WITH IT!
Healthy Food Choices

***Cruciferous-and green leafy vegetables**

- Protects against cancer
- Vitamin I< source
- Reduction in the risk of a stroke
- Strengthens the immune system
- Detoxifies pollutants

Some Cruciferous-and green leafy vegetables

- Broccoli
- Brussels sprouts
- Cabbage
- Cauliflower
- Collards
- Kale
- Mustard greens
- Radishes
- Turnips

Fiber
It is roughage or bulk. It helps keep your digestive system healthy and lowers cancer risk.

Other Things You Can Do

- Use fat and fatty foods less often
- Use smaller amounts of fat
- Choose lower fat foods
- Buy low fat dairy
- Broil, boil, bake, steam or microwave
- Focus on fish, lean meats and poultry
- Buy lots of fruits and vegetables
- Read labels

Get Smart In Your Family Dinner

It's smart to add more fruits and vegetables to your family dinner. It's easy too!

- Adding them to your family's favorite dishes makes them a routine part of meals and not something to be pushed to a corner of the plate.
- It's simple to add fresh, frozen, or canned vegetables to:

  Homemade or canned soups and stews
  Pasta dishes
  Omelets and egg dishes
  Sandwiches
  Stir fry dishes with brown rice

Try adding more types of vegetables to salads, such as peas, corn, and canned beans. Try adding fruit too. Strawberries and slices of pineapple and orange (canned or fresh) bring a special sweetness to salads that children like.

Finish dinner with fruit. Sliced strawberries, all kinds of berries, and bananas taste great by themselves or on top of low-fat frozen yogurt.

And get your children to help! If they are too young to cut vegetables and fruit, ask them to measure the amount of vegetables as you cut them and tell you when to stop. If you are using canned or frozen vegetables, they can measure them from the container.

Visit www.fruitsandveggiesmatter.gov for more great tips and recipes.

fruits & veggies more matters

DEPARTMENT OF HEALTH & HUMAN SERVICES USA

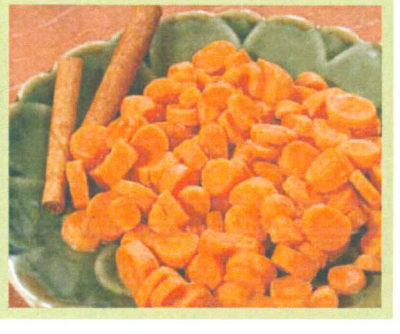
CDC Centers for Disease Control and Prevention

Family fun with fruits and vegetables all week long

Try these tasty, healthy menus that blend fruits and vegetables with some favorite foods:
These recipes can be found at: http://apps.nccd.cdc.gov/dnparecipe/RecipeSearch.aspx

Sunday	Asparagus with Sole Glazed Carrots *(see recipe below)* Strawbrosia Parfait
Monday	Soup and Tortilla Pizzas Add frozen or fresh vegetables to canned soup or try one of these soups**: Black bean and corn soup Broccoli soup Cabbage soup Cantaloupe soup Fresh mushroom soup
Tuesday	Mushroom Lasagna
Wednesday	Chicken Broccoli Stir Fry
Thursday	Chickpea with Spinach Curry with brown rice and Curried Cauliflower
Friday	Pizza night! Add broccoli, mushrooms, onions, and any other favorite vegetables to your pizza before you bake it. Or try adding pineapple for a different taste.
Saturday	Pasta Primavera with a colorful assortment of your family's favorite veggies

Glazed Carrots



12 medium carrots (2 lbs), peeled and ends removed
1/2 Tbsp butter
1/2 Tbsp canola oil
2 Tbsp orange juice
1/2 tsp salt
1/4 tsp cinnamon
1/4 tsp cayenne pepper

1. Slice carrots to create coin-like pieces.
2. Heat butter and canola oil in a skillet. Add carrots and sauté for 5 minutes.
3. Add the remaining ingredients. Cook until carrots are tender and liquid is absorbed, about 15 minutes. (Makes 6 servings.)

Nutrition info per serving*. Calories 70kcal; Fat 3g; Sodium 270mg; Carb 12g: Fiber 4g; Protein 1g; Vit A 480%; Vit C 15%; Calcium 4%; Iron 2%

*Vitamin A, Vitamin C, Calcium and Iron listed as % of daily value based on 2,000 calories

Get Smart As You Shop

Fruits and vegetables can fit into any budget. The following tips can help you save money as you strive to eat more fruits and vegetables.

Remember, fresh, frozen, canned, and dried types all count toward getting more fruits and veggies.

Before You Shop

- **Look for store ads** and use them when planning your weekly grocery list. Plan to buy the fruits and vegetables that are on sale and use them in meals and snacks that week.
- **Plan your weekly meals and snacks** before you go shopping. Look through your freezer and pantry to see what fruits and vegetables you have at home that you can use.
- **Think variety!** Make a point to try a new fruit or vegetable each week.

While You Shop

Purchase fresh fruits and vegetables in season when they tend to be less expensive.

- **Buy whole fruits and vegetables** instead of pre-cut or pre-packaged forms which tend to be more expensive.
- **Consider frozen and canned** if fresh are too expensive. Frozen and canned fruits and vegetables keep longer than fresh.
- **Shop smartly!** Look out for added sugar in canned fruits; look for fruit packed in water or juice. Choose veggies with low sodium.
- **Consider generic or store brands** instead of name brands. Store brands tend to cost less and have similar taste and nutrition.
- If your budget allows, **buy larger bags of frozen fruits and vegetables. They may be a better** bargain and you can use what you need and keep the rest for later use.
- **Buy canned or dried** beans and use them in recipes instead of meat which is more expensive. Traditional recipes made with meat such as chili, soups, and Mexican dishes like burritos are delicious with beans.

After You Shop

- **Use fresh fruits and vegetables** within a few days after shopping and use frozen and canned fruits and vegetables later in the week.
- As you are putting your groceries away, **chop some fruits and vegetables** and place in bags or storage containers. Keep them in the refrigerator so they will be ready to grab for lunches and snacks.

Visit www.fruitsandveggiesmatter.gov for more great tips and recipes

fruits & veggies more matters

DEPARTMENT OF HEALTH & HUMAN SERVICES USA

CDC CENTERS FOR DISEASE CONTROL AND PREVENTION

Seasonal Chart for Fresh Fruits and Vegetables (shaded area indicates peak season)

* Many of the listed fruits and vegetables are available year round, but their cost will be higher and quality may be less.

Fruit/ Vegetable	January	February	March	April	May	June	July	August	September	October	November	December	Tips
Apples	■	■	■	■	■				■	■	■	■	Choose firm apples with no soft spots.
Avocado	■	■	■	■	■	■	■	■	■	■	■	■	Ripe fruit will be slightly firm, but yield to gentile pressure.
Banana	■	■	■	■	■	■	■	■	■	■	■	■	Select bananas that are firm; with no bruises.
Bell Pepper	■	■	■	■	■	■	■	■	■	■	■	■	Choose peppers with firm skin, with no wrinkles.
Broccoli	■	■	■	■	■					■	■	■	Select bunches that are dark green.
Cantaloupe					■	■	■	■	■				Select melons that are slightly golden with a light fragrant smell.
Carrots	■	■	■	■	■	■	■	■	■	■	■	■	Pick carrots that are deep orange in color. Avoid carrots that are cracked or wilted.
Corn					■	■	■	■	■				Husks should be green, tight, and fresh looking. The ear should have tightly packed rows of plump kernels.
Cucumber					■	■	■	■					Choose firm cucumbers with rich green color and no soft spots.
Eggplant							■	■	■	■			Pick symmetrical eggplant; avoid oversized eggplants which may be tough and bitter.
Grapes						■	■	■	■	■	■	■	Look for firm, plump, well-colored clusters.
Lettuce	■	■	■	■	■	■	■	■	■	■	■	■	Choose fresh, crisp leaves with no wilting.
Mushrooms	■	■	■	■							■	■	Mushrooms should be firm, moisture-free (not dry), and blemish-free.
Onion	■	■	■	■	■	■	■	■	■	■	■	■	Onions should feel dry and solid with no soft spots or sprouts.
Orange	■	■	■	■	■	■					■	■	Pick oranges that are firm, heavy for their size and have bright colorful skins.
Peach						■	■	■	■				Choose peaches that are soft to the touch with a fragrant smell.
Pear	■	■	■	■	■			■	■	■	■	■	Ripe Pears will yield slightly to gently pressure at the stem end.
Strawberries				■	■	■	■						Strawberries should be dry, firm and well shaped and be a bright shade of red.
Summer Squash						■	■	■					Look for squash that are firm with bright, glossy exteriors.
Sweet Potato									■	■	■	■	Choose firm, dark, smooth sweet potatoes.
Tomato					■	■	■	■					Select plump tomatoes with smooth skins, free

Sources: Information can be found at www.fruitsandveggiesmatter.gov and
University of Tennessee Extension (2002). A Guide To Buying Fruits & Vegetables at www.utextension.utk.edu/publications/spfiles/SP527.pdf.

Colorectal Cancer

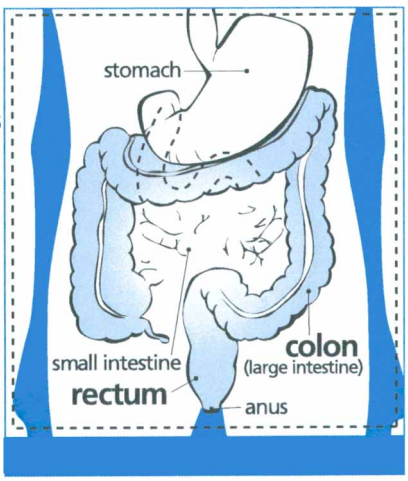
FACTS ON SCREENING

What is Colorectal Cancer?

Colorectal cancer is cancer that develops in the colon or rectum. It's the second leading cancer killer in the U.S., but it doesn't have to be. If everyone age 50 and older had regular colorectal cancer screening tests, more than one third of deaths from this cancer could be avoided.

Colorectal Cancer Facts and Figures

- It's the 2nd leading cancer killer in the U.S. (after lung cancer).
- Both men and women are at risk.
- 93% of cases occur in people age 50 and older.
- The risk of developing it increases with age.



How Screening Saves Lives

Colorectal cancer almost always develops from precancerous polyps (abnormal growths) in the colon or rectum. Screening tests can find polyps, so they can be removed before they turn into cancer. Screening tests can also find colorectal cancer early, when treatment works best.

When Should I Begin Screening?

You should begin screening for colorectal cancer soon after turning 50, then continue at regular intervals. However, you may need to be tested earlier or more often than other people if:

- You or a close relative have had colorectal polyps or cancer, or
- You have inflammatory bowel disease.

Talk to your doctor about when you should begin screening and how often you should be tested.

Does Colorectal Cancer Have Symptoms?

Polyps and colorectal cancer do not always cause symptoms, especially at first. But sometimes there are symptoms, such as:

- Blood in or on your stool;
- Unexplained and frequent pain, aches, or cramps in your stomach;
- A change in bowel habits, such as having stools that are narrower than usual; and
- Unexplained weight loss.

If you have any of these symptoms, talk to your doctor. These symptoms may also be caused by something other than cancer, but the only way to know what is causing them is to see your doctor.

Screening Tests

Several tests are available to screen for colorectal cancer. Some are used alone, while others are used in combination with each other. Talk with your doctor about which is best for you. Here's a description of each:

Fecal Occult Blood Test – This test checks for occult (hidden) blood in the stool. You receive a test kit from your doctor or health care provider. At home, you place a small amount of your stool from three bowel movements in a row on test cards. You return the cards to your doctor's office or a lab, where the stool samples are tested for hidden blood.

Flexible Sigmoidoscopy – This test allows the doctor to examine the lining of your rectum and lower part of your colon using a thin, flexible, lighted tube called a sigmoidoscope. It is inserted into your rectum and lower part of the colon.

Combination of Fecal Occult Blood Test and Flexible Sigmoidoscopy – Some experts recommend combining both tests, to increase the chance of finding polyps and cancers.

Colonoscopy – This test is similar to flexible sigmoidoscopy, except it allows the doctor to examine the lining of your rectum and entire colon using a thin, flexible, lighted tube called a colonoscope. It is inserted into your rectum and colon. The doctor can find and remove most polyps and some cancers.

Double Contrast Barium Enema – This test allows the doctor to see an x-ray image of the rectum and entire colon. First you receive an enema with a liquid called barium that flows from a tube into the colon, followed by an air enema. The barium and air create an outline around your colon, allowing the doctor to see if abnormalities are present.

The Bottom Line

If you are 50 or older, get screened regularly for colorectal cancer. For more information, visit **www.cdc.gov/screenforlife** or call CDC Info at l-800-CDC-INFO (1-800-232-4636).
For TTY, call l-888-232-6348.
To find out about Medicare coverage, call l-800-MEDICARE (l-800-633-4227).

SCREENING TEST OPTIONS

SCREENING TEST	FREQUENCY/COST ESTIMATE	PURPOSE	IMPORTANT CONSIDERATIONS	COVERED BY INSURANCE MEDICARE
Fecal Occult Blood Test (FOBT)	Once a year starting at 50. $10-$25* (If blood is found, follow-up testing is needed.)	Detects blood in stool from polyps, cancer, or causes unrelated to cancer.	You receive the test kit from your doctor or health care provider and do the test yourself at home. Your doctor will probably recommend that you avoid some foods and medicines before and until stool samples are collected.	**Insurance:** Many plans cover. **Medicare:** Covers annually starting at age 50 for people with Medicare. You pay no co-insurance or Part B deductible.
Flexible Sigmoidoscopy (Flex Sig)	Once every 5 years starting at 50. $150-$300* (If polyps or lesions are found, follow-up testing is needed.)	Doctor sees lining of rectum and lower part of colon. Tissue samples of polyps and cancers can be taken.	Provides direct view of rectum and lower colon where half of colorectal cancers occur, but cannot view entire colon. Before the test, your doctor will recommend that you restrict your diet and use laxatives and/or enemas to clean out your colon and rectum. You may feel discomfort during or after exam. Very slight risk of perforation, infection, bleeding.	**Insurance:** Many plans cover every 4-5 years beginning at age 50. **Medicare:** Covers once every 4 years. You pay 20% of Medicare-approved amount after Part B deductible.
Combination: F0BT and Flex Sig	FOBT annually and Flex Sig every 5 years starting at 50.	See above.	Combination of tests may increase the chance of finding polyps and early cancers.	See above.
Colonoscopy	Once every 10 years starting at 50 for people with no family or personal history of polyps, and no symptoms. $800-$1600* (Colonoscopy is usually recommended as a follow-up test if any of the other screening tests are abnormal.)	Doctor sees lining of entire rectum and colon.Tissue samples of polyps and cancers can be taken. Most polyps can be removed during the test.	Provides direct view of rectum and entire colon. Before the test, your doctor will recommend that you restrict your diet and use laxatives and/or enemas to clean out your colon and rectum. You may feel discomfort during or after exam. You're given medication to help make the exam more comfortable for you and are advised not to drive or work on the day of the exam. Slight risk of perforation. infection. bleeding.	**Insurance:** Coverage is variable when colonoscopy is used for screening. If it's needed for a follow-up test or diagnosing a problem, most plans cover. Check with your plan. **Medicare:** Covers average-risk patients every 10 years. You pay 20% of approved amount after Part B deductible. Also covers high-risk patients every 2 years and those needing a follow-up test after FOBT or flex sig. Check with Medicare for details.
Double Contrast Barium Enema	Once every 5 years starting at 50. $250-$500* (If polyps or lesions are found, follow-up testing is necessary.)	Doctor sees x-ray image of entire colon. May be able to detect polyps and cancers.	Allows doctor to see outline of the colon on an x-ray Before the test, your doctor will recommend that you restrict your diet, and use laxatives and/or enemas to clean out your colon and rectum. You may feel discomfort during or after exam, Slight risk of perforation.	**Insurance:** Many plans cover. Check with your plan. **Medicare:** Sometimes can be substituted for colonoscopy. Check with Medicare for details.

* Cost estimates are listed to show the typical range of rates for each test and may not include the costs of all related services.

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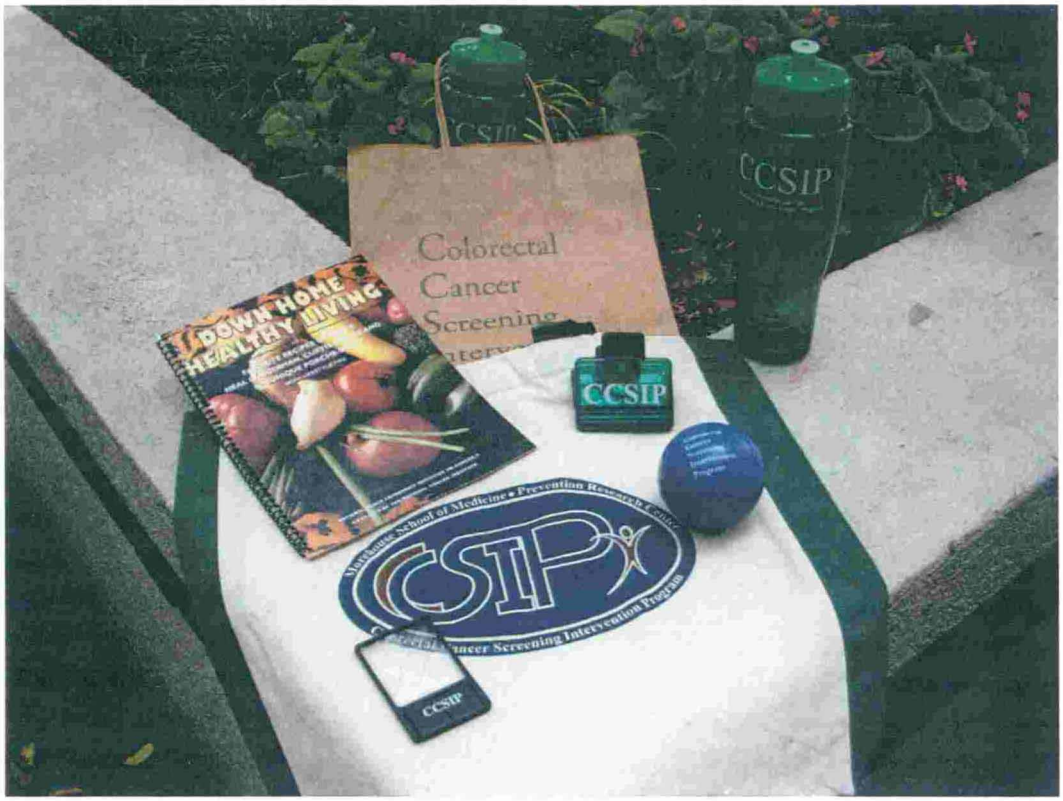
PARTICIPANT INCENTIVES



Magnifying Glass

Down Home Healthy Living Cookbook (19 recipes)

Shopping Bag (10x5x13)

Water Bottles (28 oz)

Magnetic Clip

Stress Ball (for relieving tension and for arthritis)

Pedometer (measure walking distance)

Canvas Bag/Economy Tote (15x16x3)