With transportation work hours. Remove or simplify obstacles to transportation. Special Focus Events. Group education. Inform, encourage, motivate.

Reducing structural barriers. Modify hours of service to accommodate patients work hours or their mode of transportation. Participation in National events such as Movember, etc.

Prostate Cancer is routinely the most diagnosed cancer in Wyoming (448 cases in 2008), but does not play a role in many cancer-related deaths (52 deaths in 2008). From 2007-2011 the prostate cancer incidence in Lincoln County was 165.09/100,000 (men.). The State of Wyoming had an incidence of 144.71/100,000 (men.). While there is some controversy with some prostate cancer screening tests, specifically the Prostate Specific Antigen (PSA) test, the digital rectal exam remains an effective technique to detect swelling of the prostate. In 2008, 52.2% of Wyoming men over 50 had received a digital exam in the last year.

Colon Cancer is the number two cancer killer in Wyoming, and yet it is very “preventable, beatable, treatable” with screening. The percentage of residents of Lincoln County over 50 that have not had a colonoscopy (2007-2010) is 50%. The Wyoming average is 41.6%. Between 7/1/2007 and 5/15/2013 in Lincoln County, 135 applications to the colon program were received, 118 were approved, 109 patients were screened, and 79 had polyps removed. Fifty-four percent of these heard about the Wyoming Colorectal Cancer Screening Program from their doctor; 20 learned of the program through Wyoming Cancer Resource Services Region IV.

According to the national Behavioral Risk Factor Surveillance System (BRFSS), in 2008 Wyoming had fallen to last in the nation for 3 distinct mammogram screening indicators (number of women age 40 and older who received a screening mammogram; number of low-income women who received a mammogram; and number of uninsured women who received a mammogram). In 2010 our screening rate was essentially unchanged (67.3%) and we are currently ranked 48th in the nation. Women don’t screen for a number of reasons: rural nature of WY, no regular doctor/no medical home, uninsured and underinsured, unable to access mammogram without a healthcare provider’s order, confusion about screening recommendations.

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In the community, individuals do not appear to know when they are expected to get screened and how often. Some members of the community are affected by other reasons that prevent them from getting the screenings. Fear, embarrassment, discomfort, and pain are a few reasons that individuals claim to not get screenings.

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WHAT WORKS (BEST PRACTICES):
- Reducing out of pocket costs. Channel funding or reduced costs through programs. Raise funding and distribute using vouchers, reimbursements or rebates.
- Client Reminders. Written email, postcards, etc. Telephone reminders. Texts?
- Provider Reminders. Software? Staff research?
- Educate with small media to inform and motivate. Letters, brochures, video, newsletters distributed to beauty shops, libraries, doctors’ offices, business partners, etc.
- Reducing structural barriers. Modify hours of service to accommodate patients work hours or their mode of transportation work hours. Remove or simplify obstacles to transportation.
- Special Focus Events. Group education. Inform, encourage, motivate.
- Promotions through Facebook or other social media.
- Participation in National events such as Movember, etc.

WHAT ARE WE GOING TO DO TO IMPROVE PERFORMANCE?