

Workplace Cancer Screening Interventions: Reaching Targeted Populations through Indiana Employers

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1 Background

Cancer is the second leading cause of death in Indiana. While difficult for individuals, the burden of cancer also impacts systems and organizations – including employers. This Indiana State Department of Health pilot initiative is designed to demonstrate how practical applications of data and implementation of best practice recommendations for cancer screenings enhance existing workplace health promotion strategies; thus increasing worker satisfaction, minimizing financial effects of negative health outcomes for the employer, and ultimately, reducing the burden of cancer in Indiana.

2 Methods

Three Indiana employers were identified to participate in the pilot through a request for proposals. Phase I (January 2013 to June 2013) established baseline measures for county-level cancer burden and employee screening rates for these cancers. External evaluators designed and administered a survey to measure employee knowledge, attitudes, and behaviors for cancer screenings. These survey results, along with baseline cancer burden assessments, were used to develop a worksite intervention strategy using recommendations from *The Guide to Community Preventive Services*.

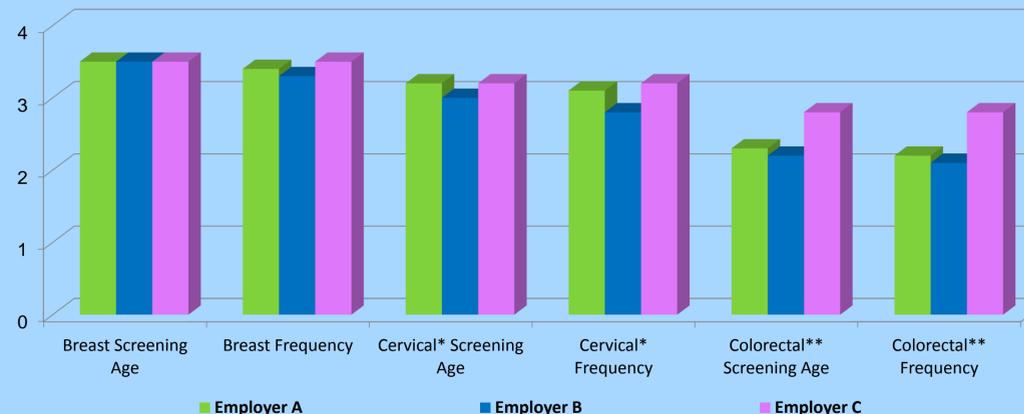
3 Results

Survey results indicated that self-reported screening knowledge for breast and cervical cancer was much higher than for colorectal cancer. When combined with insurer-provided screening rates, colorectal cancer became the priority for all three employers during Phase II (June 2013 to June 2014).

	Total # Employees	Gender		Average Age	% Eligible employees who participate in employer provided health insurance
		% Male	% Female		
Employer A	1,100	45%	55%	47	*
Employer B	322	56%	44%	46	87%
Employer C	1,856	16%	85%	43	66%
Employers A, B, C	3,278	29.4%	70.9%	45	67.8%

**Data from Employer A were not available, and therefore were not included.*

Employee Knowledge of Screening Age and Frequency



*Cervical cancer means include the weighted average of responses to questions about Pap smear and HPV testing.
 **Colorectal cancer means include the weighted average of responses to questions about colonoscopy, flexible sigmoidoscopy, and FOBT.

4 Conclusion

Data findings guided work plan development by incorporating four avenues: health insurance benefits, workplace policies, programs, and communications. Phase III of this pilot (June 2014 to June 2015) includes a second cancer as part of work plan implementation. Similar programs, such as the Indiana Cancer Consortium Gold Standard Employer initiative, support and recognize employers who incorporate cancer screening interventions as part of a comprehensive wellness policy.

5 References

1. P Hannon, J Harris. Interventions to Improve Cancer Screening Opportunities in the Workplace. *AM J Prev med.* 2008; 35(1S).
2. The Guide to Community Preventive Services. Accessed online at www.thecommunityguide.org/about/index.html.
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