

Increasing Cancer Screening: Client Incentives

Task Force Finding and Rationale Statement

Intervention Definition

Client incentives are small, non-coercive rewards (e.g., cash or coupons) that aim to motivate people to seek cancer screening for themselves or to encourage others (e.g., family members, close friends) to seek screening. Incentives are distinct from interventions designed to improve access to services (e.g., transportation, child care, reducing client out-of-pocket costs).

Task Force Finding (July 2010)

The Community Preventive Services Task Force finds insufficient evidence to determine the effectiveness of using client incentives to increase screening for breast, cervical, or colorectal cancers because only one study for breast cancer and no studies for cervical and colorectal cancers qualified for review.

Rationale

The Task Force finding is based on an update of a previous review. The Task Force makes no change to its original findings of insufficient evidence to determine effectiveness of client incentives in increasing screening for breast, cervical, or colorectal cancers because only one additional study assessing breast cancer screening was identified, and no additional studies of cervical or colorectal cancer screening were identified. The single new study indicated that offering a \$10 incentive in conjunction with additional information about screening availability and assistance scheduling appointments resulted in a minimal increase in the number of low-income women who received mammograms relative to women who only received information about screening availability and assistance scheduling appointments.

In the original and updated reviews, no evidence concerning the effectiveness of single-component client incentive interventions was identified, and evidence is sparse concerning the effectiveness of these interventions as part of multicomponent interventions. Available evidence leads to the conclusion that client incentives of small magnitude are not likely to have a meaningful impact on screening rates.

No harms of client incentives with small monetary value were identified in the reviewed literature. As monetary values of incentives increase, so do their potential to become coercive.

Publications

Sabatino SA, Lawrence B, Elder R, Mercer SL, Wilson KM, DeVinney B, Melillo S, Carvalho M, Taplin S, Bastani R, Rimer BK, Vernon SW, Melvin CL, Taylor V, Fernandez M, Glanz K, Community Preventive Services Task Force. Effectiveness of interventions to increase screening for breast, cervical, and colorectal cancers: nine updated systematic reviews for The Guide to Community Preventive Services. *Am J Prev Med* 2012;43(1):765-86.

Community Preventive Services Task Force. Updated recommendations for client- and provider-oriented interventions to increase breast, cervical, and colorectal cancer screening. *Am J Prev Med* 2012;43(1):760-4.

Disclaimer

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC. Task Force evidence-based recommendations are not mandates for compliance or spending. Instead, they provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

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