Prevent Cancer Foundation
Conversations on Health Equity: Strategies to Increase Colorectal Cancer Screening in Rural Communities

Concurrent Session E

3:30 PM to 4:45 PM
Prevent Cancer Foundation Conversations on Health Equity: Strategies to Increase Colorectal Cancer Screening in Rural Communities

Moderator
Erica Childs-Warner
MPH

Moderator
Heather Mackey
DNP

Sharneitha Bradford
LPN

Michael Newcomer
MD
Prevent Cancer Foundation®

Sharneitha Bradford, LPN, Regional Director, Prevention on the Go, Mary Bird Perkins Cancer Center
Michael Newcomer, MD, Program Director, Western North Carolina Colorectal Screening Initiative
The mission of the Prevent Cancer Foundation is empowering people to stay ahead of cancer through prevention and early detection.
Since day one, we have been a pioneer in cancer prevention and early detection to give people the best possible chance of living long, healthy lives.

The Prevent Cancer Foundation is working to create a world where cancer is preventable, detectable and beatable for all.
With the goal of reducing cancer deaths by 40% by our 50th anniversary in 2035, we are committed to investing:

- $20 million toward research in innovative early detection technologies and advancing multi-cancer screening
- $10 million to expand cancer screening and vaccination access to medically underserved communities
- $10 million to educate the public about screening and vaccination options
Conversations on Health Equity: Strategies to Increase Colorectal Cancer Screening in Rural Communities

• **Moderators:**
  - Erica Childs-Warner, MPH, Managing Director, Research, Education & Outreach, *Prevent Cancer Foundation*
  - Heather Mackey, DNP, ANP-BC, AOCN, Senior Director, Cancer Prevention and Early Detection, *Prevent Cancer Foundation*

• **Presenters:**
  - Michael Newcomer, MD, Program Director, *Western North Carolina Colorectal Screening Initiative*
  - Sharneitha Bradford, LPN, Regional Director, Prevention on the Go, *Mary Bird Perkins Cancer Center*
Timing

• Welcome and Introductions (5 Minutes)
• Discussion of Presenters’ Experiences (20 Minutes)
• Discussion of Challenges, Opportunities and Resources (22 Minutes)
• Discussion of Successful Initiatives, Lessons Learned and Practical Actions/Methods (22 Minutes)
• Conclusions and Wrap-Up (5 Minutes)
General Housekeeping

• “Dialogue … is a conversation with a center, not sides”: If attendees keep this rule in mind, all conversations will go smoothly.

• **Open yourselves to the future**: First let yourself let go of all the reasons something is not happening today. This is an opportunity to look into the future.

• **Listen for possibilities**: Actively listen. Let other peoples’ ideas generate new insights or new twists on existing ideas.

• **Invite and honor diverse opinions**: Listen with respect to diverse opinions. Seek to understand, rather than persuade.
Welcome and Introductions
Discussion of Presenters’ Experiences
Conversations on Health Equity: Strategies to Increase Colorectal Cancer Screening in Rural Communities

Presenter:

- Michael Newcomer, MD, Program Director, *Western North Carolina Colorectal Screening Initiative*
Colorectal Cancer Incidence and Mortality

- 153,020 new cases expected in the US in 2023
- 52,550 estimated deaths in the US in 2023
- North Carolina: 4,740 new cases, 1,640 deaths
- Rural areas have higher incidence and mortality compared to urban populations
- The differences in mortality have been increasing over time
Colorectal Cancer Disparities in Rural Communities

- Exist throughout the CRC continuum, from prevention, to early detection, to high-quality treatment, and survivorship.
- CRC disease burden worse in areas of social/economic disadvantage.
- Possible differences in risk factor exposure, access and utilization of screening, follow-up of abnormal tests results, and lack of access to high quality treatments.
- Factors can operate at the individual, community, provider, health system, and policy level.
Barriers to Colorectal Screening

- Complex mix of barriers can affect CRC screening uptake in rural populations
- Common barriers:
  - Lack of insurance and/or low income status
  - Shortage of primary care providers and specialists
  - Distance to travel to access screening
  - Resources needed for transportation, time off from work
  - Limited awareness for the need of CRC screening
  - Stigma, embarrassment or fear of screening
  - Distrust of medical system, language barriers/cultural factors
  - Other priority health or social issues
  - Rural clinics may lack resources to educate, track and navigate CRC screening
Rural North Carolina

- Majority of the counties and 1/3 of the population is rural
- Rural federal poverty rate (FPL) 17.2%
- Self-Sufficiency Standard
  - Models county specific data on costs of housing, transportation, food, childcare, needed to meet basic needs
  - Significant gaps between the FPL and actual self-sufficiency level
- Up to 40% more likely to be uninsured than urban counties
- Counties with the highest CRC incidence and mortality, and the lowest screening rates are all rural
North Carolina
Colon and Rectum Cancer Mortality Rates
2016 - 2020

Age Adjusted Rates per 100,000 Population
- 8.2 - 12.1
- 12.2 - 14.6
- 14.7 - 18.1
- 18.2 - 28.7
- Less than 16 Deaths
- Urban

NC Rate = 12.7
US Rate = 13.1
Disparities in CRC Screening Uptake

- **Race**
  - White: 64%
  - Black/African American: 48%
  - Asian: 52%

- **Age**
  - 50-64: 72%
  - 65+ year olds: 36%

- **Period of US residence**
  - Born in US <10 years: 65%
  - Born in US >10 years: 52%

- **Education**
  - College grad: 71%
  - <HS: 47%

- **Insurance status**
  - Private: 78%
  - Military: 66%
  - Public: 60%

- **Poverty (% FPL)**
  - <100% FPL: 25%
  - 100-199% FPL: 56%
  - 200-400% FPL: 63%
  - >400% FPL: 70%

Slide courtesy Seth Crockett. NHIS 2015, CDC MMWR 2017; 66(8)
Western North Carolina Colorectal Cancer Screening Initiative

- Started in 2016 to provide CRC screening to uninsured, low-income patients
- Western NC – 18 counties (16 rural)
- Partner with Community Health Centers (FQHC)
- Utilizes stool-based testing with Fecal Immunochemical test (FIT), provided at community health centers
- Positive FIT test patients receive colonoscopy provided with no out-of-pocket costs
Development of Screening Program

- Western Carolina Medical Society, Project Access
- Private GI practice – Digestive Health Partners
- Partnership with UNC Carolina Cancer Screening Initiative – expertise in database and implementation science
- American Cancer Society, NC Colorectal Roundtable, community partners
- Importance of identifying and aligning with community resources and developing networks needed
WNC–CRCSI
Rural County Strategies

- Tailor approach for each clinic and county needs. Avoid “one-size-fits-all” approach.
- Work with staff to provide support in areas needed
- Assist in education, navigation and interpreter services depending on patient and community needs
- Identify and work with clinic or community champions
- Community outreach events in familiar settings
- Flexible colonoscopy scheduling for work and travel barriers
- Gas cards provided to patients traveling for colonoscopy
Clinical Measure – % of Patients 45–75 Years Who Received Screening for Colorectal Cancer

Western North Carolina Community Health Services - 8-year trend (2014 - 2021)

<table>
<thead>
<tr>
<th>Year</th>
<th>Western North Carolina Community Health Services</th>
<th>State Community Health Center</th>
<th>HP2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>31.80%</td>
<td>30.40%</td>
<td>70.60%</td>
</tr>
<tr>
<td>2016</td>
<td>34.40%</td>
<td>35.50%</td>
<td>70.60%</td>
</tr>
<tr>
<td>2018</td>
<td>63.50%</td>
<td>43.20%</td>
<td>70.60%</td>
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<tr>
<td>2021</td>
<td>70.30%</td>
<td>38.70%</td>
<td>70.60%</td>
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Screening of the Rural Uninsured

- Understand the barriers to screening in local/regional setting
- Work with trusted community partners to improve awareness and screening uptake
- Align health care resources and partnerships needed for care and commitments for unreimbursed (free) care
- Coordinate care across the continuum, importance of navigation and channels of communication
Conversations on Health Equity: Strategies to Increase Colorectal Cancer Screening in Rural Communities

Presenter:
• Sharneitha Bradford, LPN, Regional Director, Prevention on the Go, Mary Bird Perkins Cancer Center
Mission

Our mission is to improve survivorship and lessen the burden of cancer through expert treatment, compassionate care, early detection, research and education.
Prevention on the Go Program

MARY BIRD PERKINS CANCER CENTER
PREVENTION ON THE GO

- 2 Regional Directors
- 5 Regional Managers
- 1 Nurse Navigator
- 1 Outreach Coordinator
Colorectal Cancer Screenings at a Glance
March 2002 - September 2023

Total screenings: 112,000
Return Rate: 52%
National Rate: 30%

Colorectal Screenings: over 20,000
Never Screened: 55%
No PCP: 78%
Navigated: 12%
Cancers: 10
Polyps Removed: 40
Dx With Diverticulosis: 10
With Diverticulosis: 5
No Insurance: 65%

65% No Insurance
78% No PCP
55% Never Screened

Source: myPogo Database
Mary Bird Perkins Service Areas

- One metropolitan area
- Other areas are rural areas with limited resources for cancer prevention and early detection.
Prevention on the Go Program

Colorectal Education

“Big Bertha” our inflatable colon allows for screening participants to learn more about their colon and colon health.
Challenges in Rural Areas

- Comprehensive Care
- Transportation
- Education
- Awareness
- Media Outlets
Local Champions

Ms. Ada Anderson
Mississippi Region Data
- 194 colorectal screenings
- 64% no PCP
- 62% uninsured
- 54% never screened

Mr. Dana Isaac
Pointe Coupee Parish Data
- 60 colorectal screenings
- 68% never screened
- 71% uninsured

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- 68% never screened
- 71% uninsured
Discussion of Challenges, Opportunities and Resources
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Conclusions and Wrap-Up
• **Erica Childs-Warner, MPH**
Managing Director, Research, Education and Outreach
[ericac.childswarner@preventcancer.org](mailto:ericac.childswarner@preventcancer.org)

• **Heather Mackey, DNP, ANP-BC, AOCN**
Senior Director, Cancer Prevention and Early Detection
[heather.mackey@preventcancer.org](mailto:heather.mackey@preventcancer.org)
Thank You