

Concurrent Session E

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



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



PREVENT CANCER FOUNDATION®

The mission of the Prevent Cancer Foundation is empowering people to stay ahead of cancer through prevention and early detection.



preventcancer.org

The Prevent Cancer Foundation
is working to create a world
where cancer is preventable,
detectable and beatable for all.

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.



Bold goals

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



Western North Carolina Colorectal Cancer Screening Initiative (WNC-CRCSI)



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

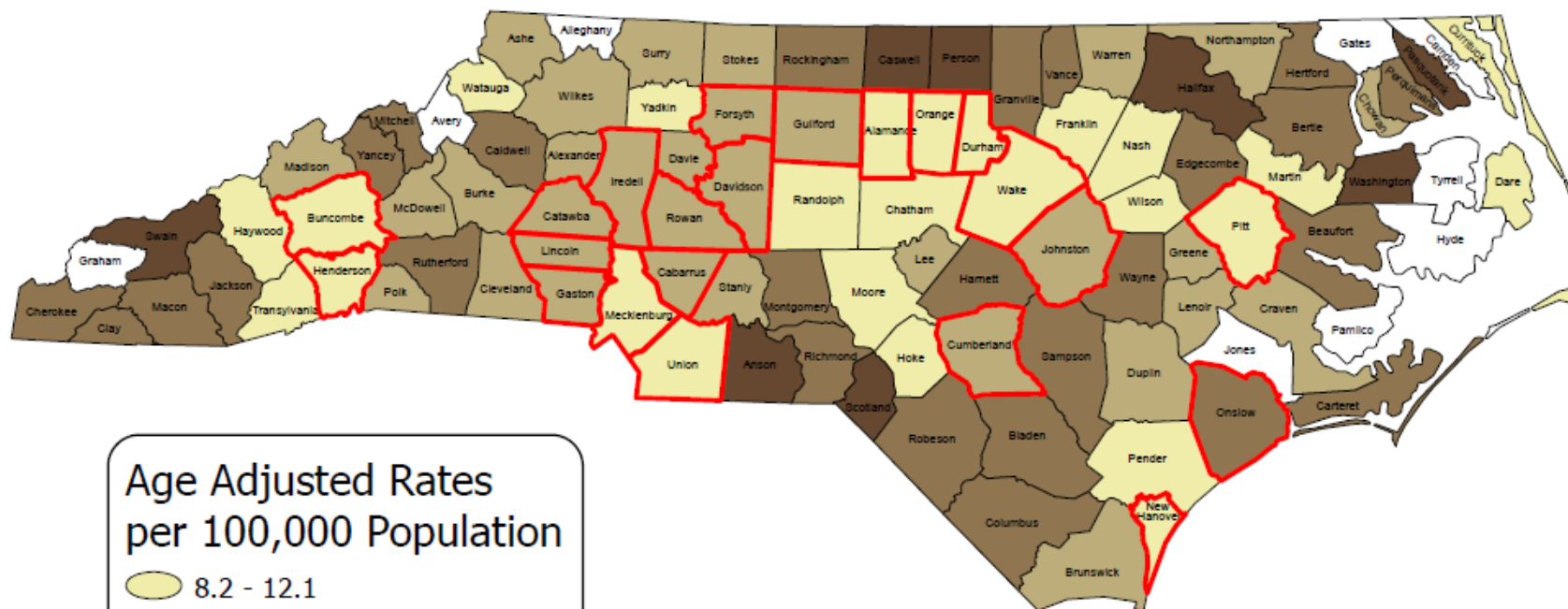
Barriers to Colorectal Screening

- ▶ 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



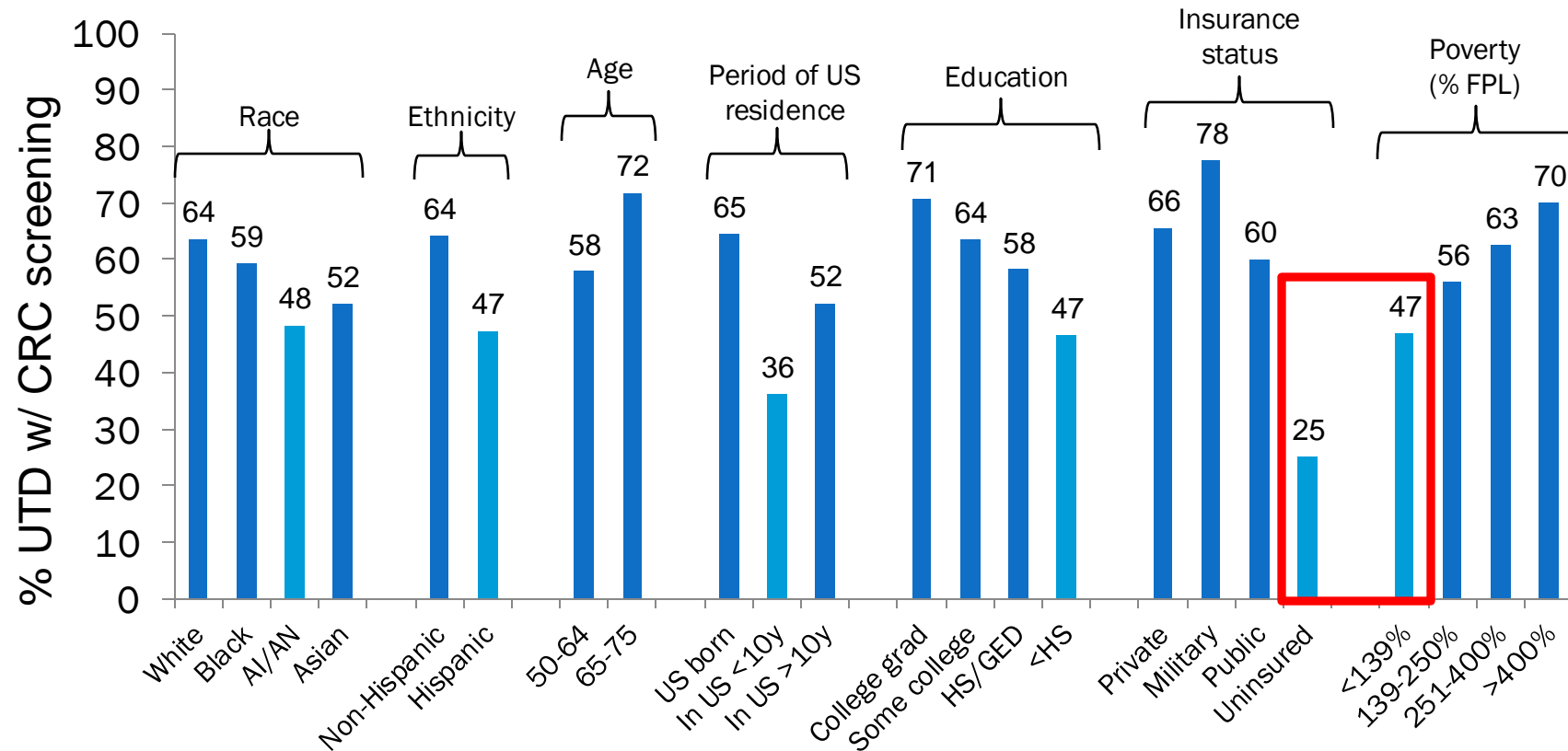
Age Adjusted Rates
per 100,000 Population

- 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



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**

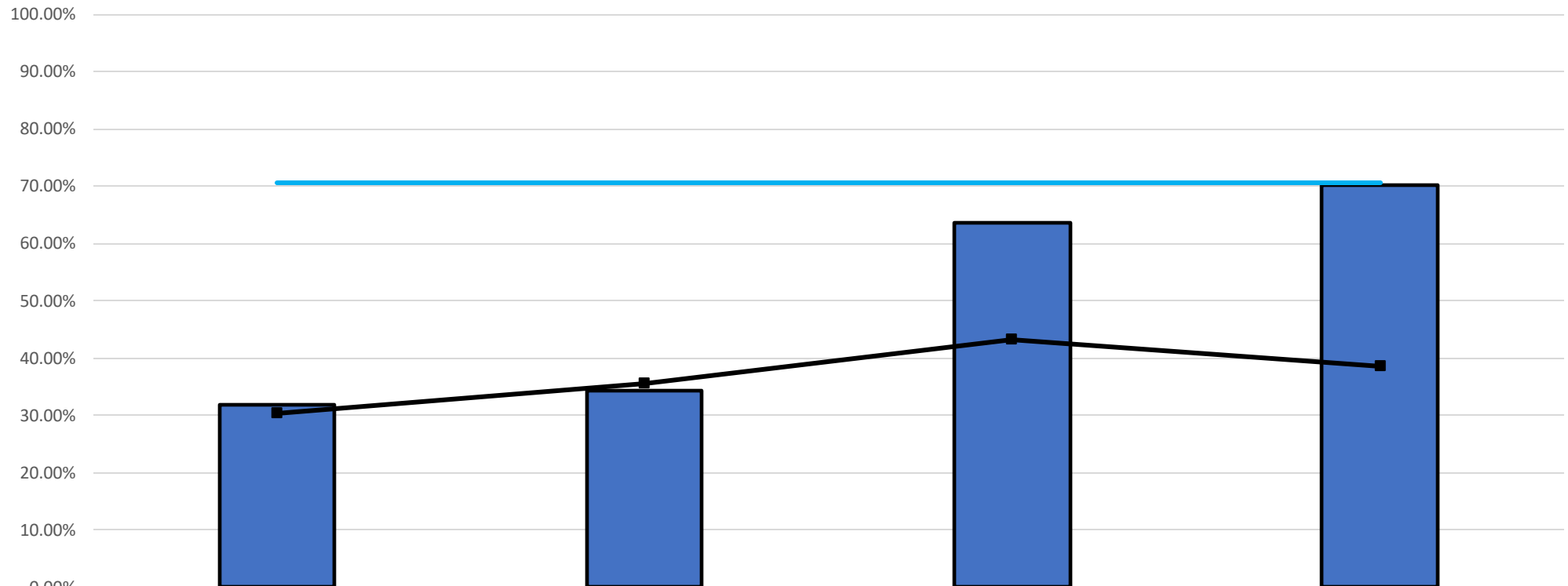
WNC-CRCSI

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)



	2014	2016	2018	2021
Western North Carolina Community Health Services	31.80%	34.40%	63.50%	70.30%
State Community Health Center	30.40%	35.50%	43.20%	38.70%
HP 2020 Goal	70.60%	70.60%	70.60%	70.60%

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*



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.

TOGETHER WE *triumph*



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

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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%

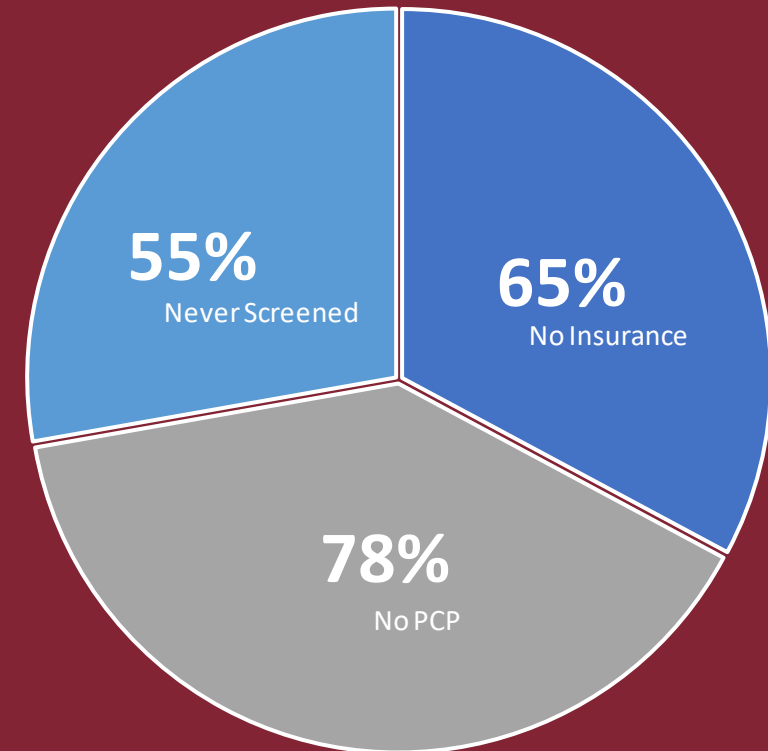
Cancers:
10

Polyps Removed:
40

Dx With Diverticulosis:
10

With Diverticulosis:
5

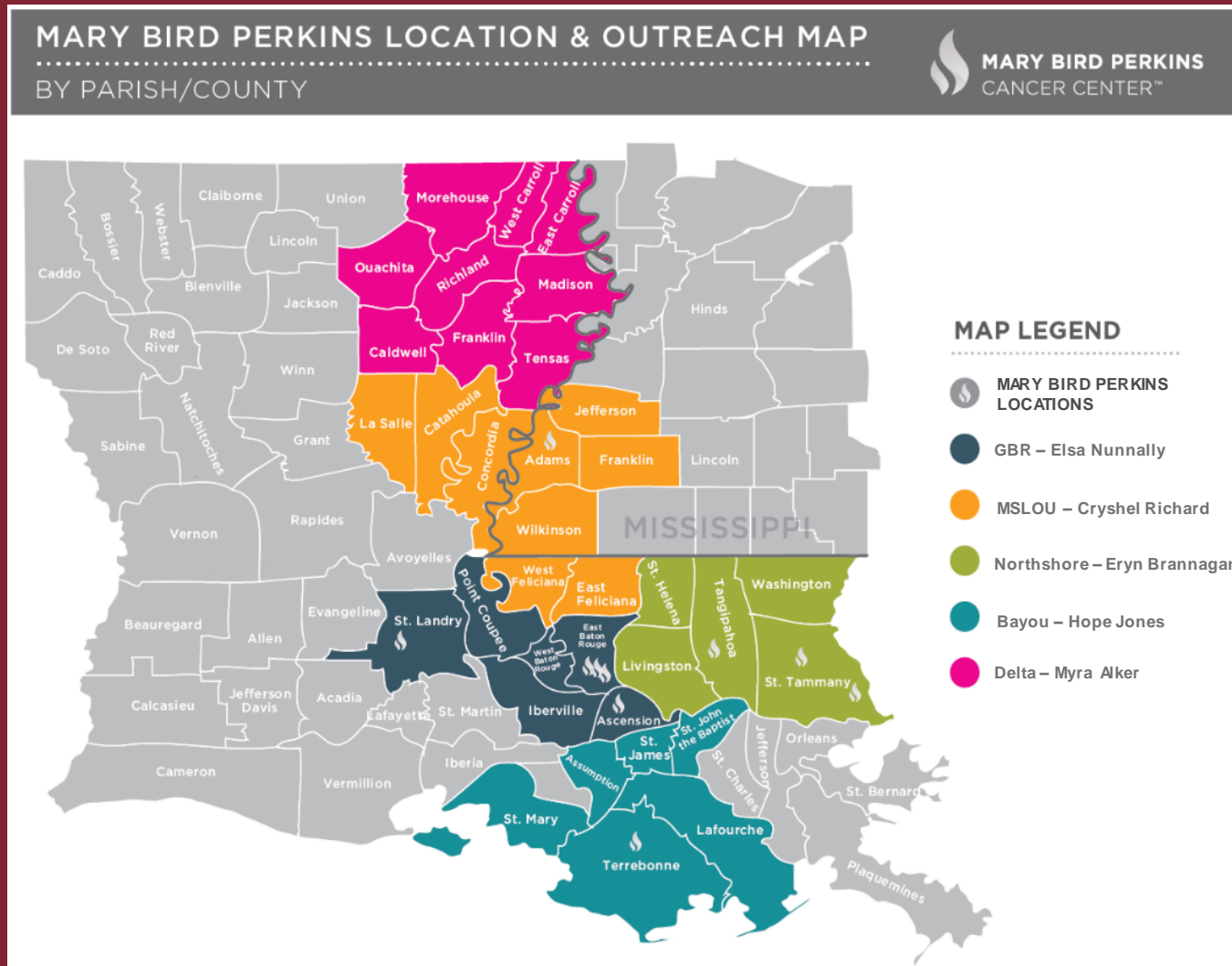
No Insurance:
65%



■ No Insurance ■ No PCP ■ Never Screened



Mary Bird Perkins Service Areas



- One metropolitan area
- Other areas are rural areas with limited resources for cancer prevention and early detection.

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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.

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Challenges in Rural Areas



Comprehensive
Care



Transportation



Education



Awareness



Media Outlets

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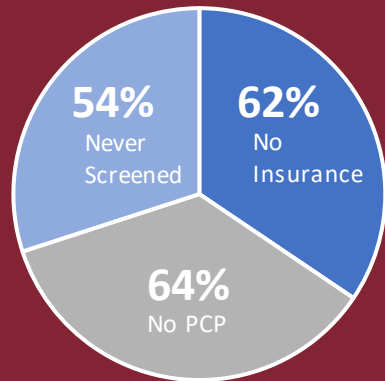


Local Champions

Ms. Ada Anderson

Mississippi Region Data

- 194 colorectal screenings
- 64% no PCP
- 62% uninsured
- 54% never screened

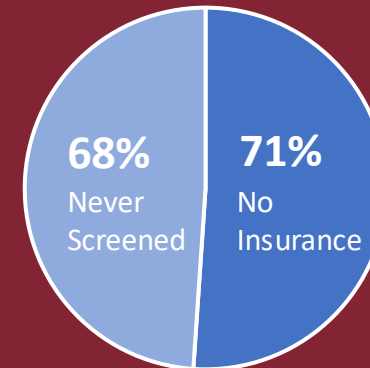


■ No Insurance ■ No PCP ■ Never Screened

Mr. Dana Isaac

Pointe Coupee Parish Data

- 60 colorectal screenings
- 68% never screened
- 71% uninsured



■ No Insurance ■ Never Screened

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Community Champions



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Discussion of Challenges, Opportunities and Resources

Discussion of Successful Initiatives, Lessons Learned and Practical Actions/Methods

Conclusions and Wrap-Up



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- **Heather Mackey, DNP, ANP-BC, AOCN**
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Thank You

nccrt.org @NCCRTnews #80inEveryCommunity