

Concurrent Session H

Understanding Medical Mistrust in Relation to Colorectal Cancer: Insights From the American Cancer Society's Health Equity Community Projects

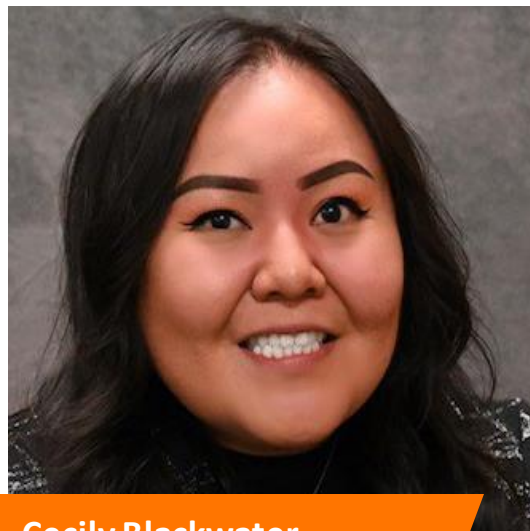


9:55 AM to 11:10 AM

Understanding Medical Mistrust in Relation to Colorectal Cancer: Insights From the American Cancer Society's Health Equity Community Projects



Moderator
Pascale White
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MPH



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MD, FASCRS



Marcia Gainer
DNP, APRN

Health Equity Community Projects

Medical Mistrust in Relation to Colorectal Cancer Screening

Cecily Blackwater, MPH
Health Equity Director, Community Projects
American Cancer Society



Health Equity Community Projects

Medical Mistrust in Relation to Colorectal Cancer Screening

Cecily Blackwater, MPH
Director Health Equity, Community Projects
American Cancer Society



Agenda

Community Projects Overview

Measuring Mistrust in Communities

Project ECHO Learning Collaborative

Project ECHO Curriculum

Questions

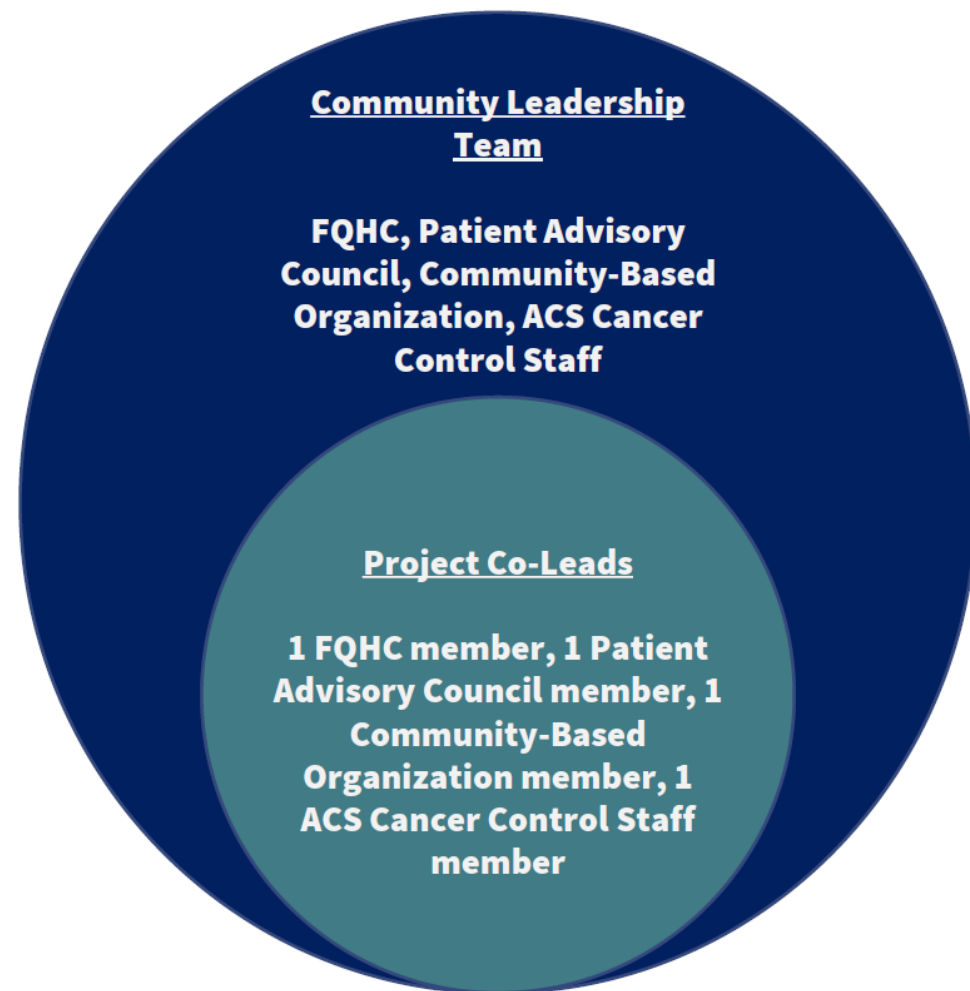


Health Equity Community Projects Overview

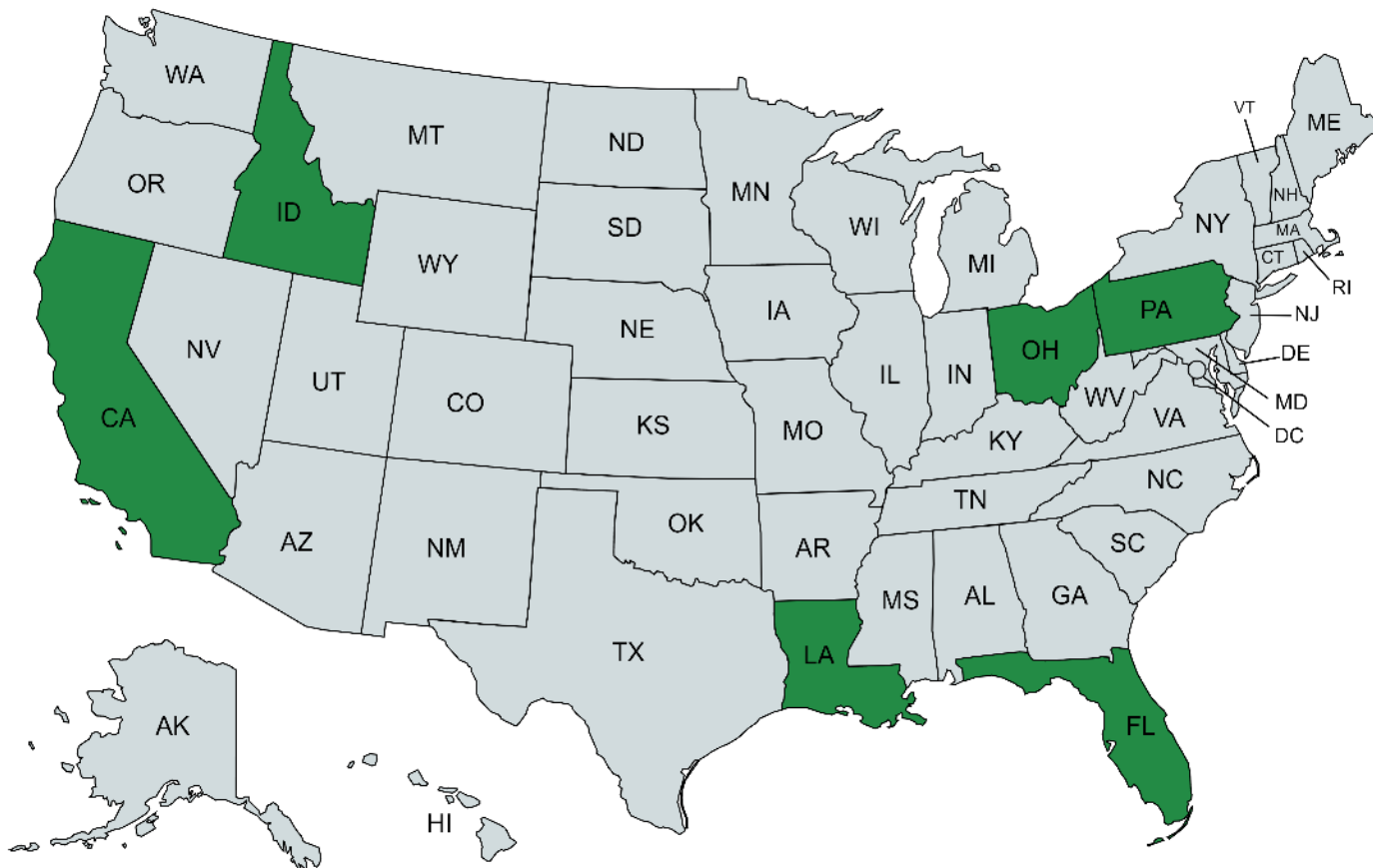
- **Health Equity Community Project Goal: Use the knowledge-sharing Project ECHO Model to:**
 - Support a total of 11 community project sites to participate in a learning collaborative cohort aimed at **addressing medical mistrust related to colorectal cancer screening and follow-up.**
 - **Explore, identify, and implement community-driven solutions** to support Federally Qualified Health Centers (FQHCs) in collaboration with their Patient Advisory Councils/Governing Boards/QI Committees and a Community-Based Organization of their choosing
- Two cohorts:
 - **6 projects (Cohort 1) launched March 31, 2022 – ended September 30, 2023**
 - **5 projects (Cohort 2) launched September 1, 2022. – projected to end March 1, 2024**
- Each project site:
 - 18-month period (\$50k/project to grantees through the Robert Wood Johnson Foundation)
 - Selected a population of focus to target and measure medical mistrust

Community Projects Objectives

1. **Address medical mistrust** with patients and community members
2. **Elevate patient's perspectives and experiences** using Patient Advisory Councils/Governing Boards
3. **Use data** to inform all aspects of the project including 1) CRC Screening Questionnaire, 2) Project ECHO Surveys, 3) Group Based Medical Mistrust Scale Survey, 4) Key Informant Interviews, and 5) Progress Reports
4. **Create a comprehensive action plan** –led by Community Leadership Team –that implements community-based driven solutions and executes sustainable and meaningful process improvements
5. **Strengthen partnerships** between all sectors and leverage their leadership support to influence practice and policy changes aimed to address medical mistrust in relation to colorectal cancer screening



Health Equity Community Project Sites (Cohort 1)



Philadelphia, PA

- Delaware Valley Community Health
- Self Help Movement, Inc.

Mountain Home, ID

- Desert Sage Health Center
- Mountain Home Parks & Rec

Whitehall, OH

- Heart of Ohio Family Health Centers
- The African American Male Wellness Agency

Avondale, LA

- InclusivCare Inc.
- Litton Zion Missionary Baptist Church

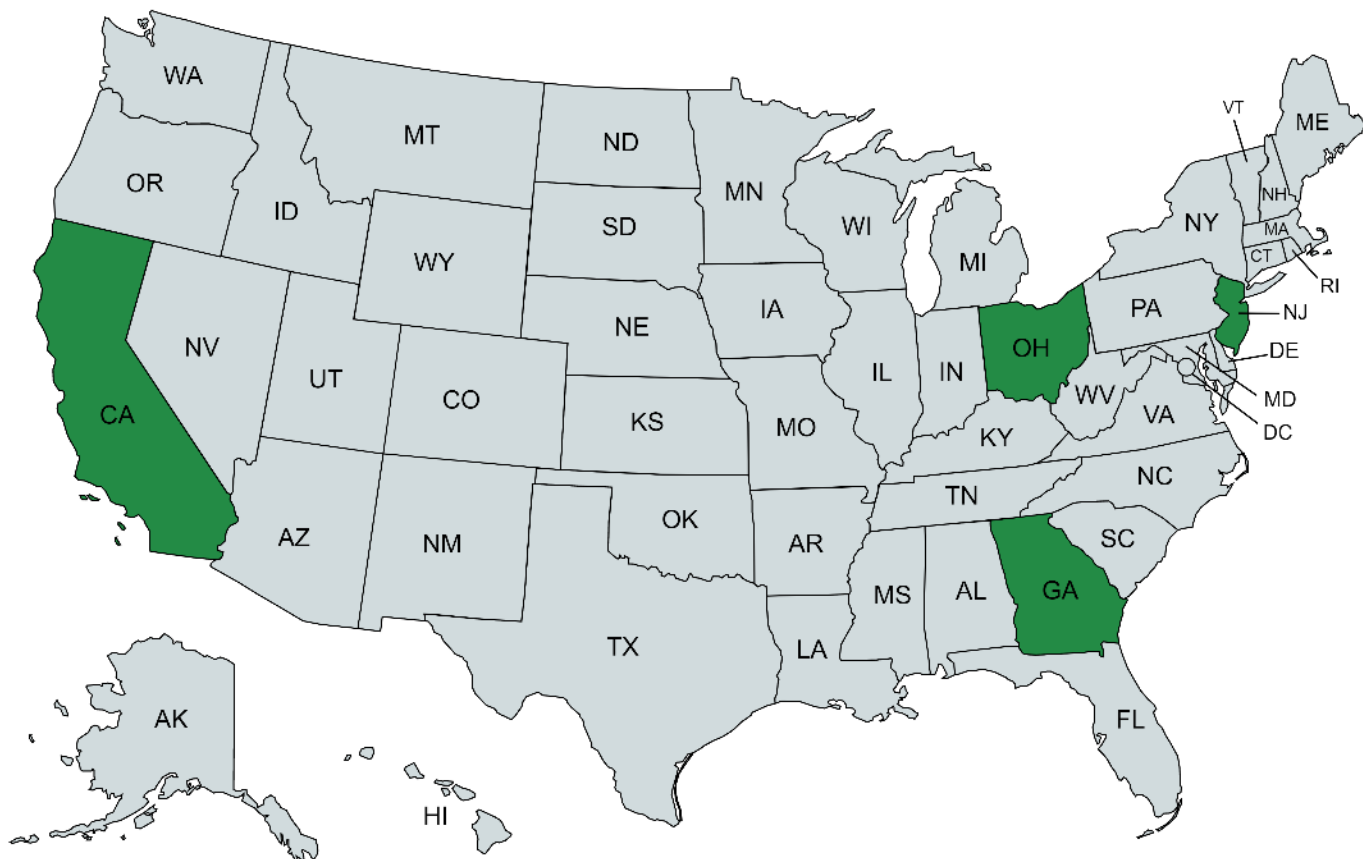
Clearwater, FL

- Evara Community Health Center of Pinellas
- Cross and Anvil Human Services

Bakersfield, CA

- Clinica Sierra Vista
- SROA

Health Equity Community Project Sites (Cohort 2)



- **Asbury Park, NJ**
 - Visiting Nurse Association of Central New Jersey Community Health Center
 - Visiting Nurse Association Health Group
- **Dayton, OH**
 - Community Health Centers of Greater Dayton
 - West Care Ohio Inc. dba East End Community Services
- **Atlanta, GA**
 - Southside Medical Center
 - Urban Connected Atlanta/Bible Way Ministries International
- **Stone Mountain, GA**
 - MedCura Health Inc.
 - New Life Community Ministries, Inc.
- **Fremont, CA**
 - Bay Area Community Health
 - Vietnamese American Roundtable

Project ECHO 101

- ECHOs are **hub-and-spoke knowledge sharing networks** conducted virtually
- **Hubs** include a facilitator and expert faculty who are best-practices and contribute to learning through case-based and didactic learning
- **Spokes** learn from each other and experts from across the world
- ECHOs allow ACS to serve as **conveners** for best practice sharing across health systems, institutions, and other silos.



Instructions: Below is a list of statements dealing with your general feelings about the healthcare system. Read each item carefully and circle whether you strongly agree, agree, feel neutral, disagree, or strongly disagree with each statement.

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Doctors and healthcare workers sometimes hide information from patients who belong to my racial/ethnic group.	1	2	3	4	5
2. Doctors have the best interests of people of my racial/ethnic group in mind.	1	2	3	4	5
3. People of my racial/ethnic group should not confide in doctors and healthcare workers because it will be used against them.	1	2	3	4	5
4. People of my racial/ethnic group should be suspicious of information from doctors and healthcare workers.	1	2	3	4	5
5. People of my racial/ethnic group cannot trust doctors and healthcare workers.	1	2	3	4	5
6. People of my racial/ethnic group should be suspicious of modern medicine.	1	2	3	4	5
7. Doctors and healthcare workers treat people of my racial/ethnic group like "guinea pigs".	1	2	3	4	5
8. People of my racial/ethnic group receive the same medical care from doctors and healthcare workers as people from other groups.	1	2	3	4	5

Measuring Mistrust Using the Group Based Medical Mistrust Scale Survey (GBMMS):

- 12-likert scale containing subscales:
 - Suspicion
 - Discrimination
 - Lack of Support
- Team completed a 3-hour Human Subjects Research Training Certification Course
- Project sites defined catchment area (zip codes)
- Surveyed a minimum of 75 people
- Participants received a \$25 incentive

Community Project ECHO Learning Collaborative

Purpose

- To share relevant health equity, medical mistrust, and colorectal cancer screening information with grantees to enhance their community projects
- To provide grantees with an opportunity to build their networks within their cohorts and participating expert faculty
- To offer an opportunity for grantees to share project-related challenges or questions; seek feedback from expert faculty and cohort colleagues

Health Equity Community Projects Curriculum



Session #	Phase 1 – Understanding and Addressing Medical Mistrust
Session 1	<p data-bbox="384 311 2382 415">Understanding and Addressing Medical Mistrust: Introduction to the Group Based Medical Mistrust Scale</p> <p data-bbox="1141 489 1620 586"><i>Hayley Thompson, PhD</i> Wayne State University</p>
Session 2	<p data-bbox="415 649 2351 696">Understanding Medical Mistrust Through the Colorectal Cancer Screening Lens</p> <p data-bbox="970 772 1798 869"><i>Charles R. Rogers, PhD, MPH, MS, MCHES</i> Medical College of Wisconsin</p>
Session 3	<p data-bbox="392 946 2372 1051">Measuring Mistrust using the Group Based Medical Mistrust Scale: Best Practices from a Community</p> <p data-bbox="1098 1129 1663 1226"><i>Bibiana Martinez, PhD, MPH</i> Heluna Health</p>



Health Equity Community Projects Curriculum



Session #	Phase 2 – Leveraging Patient Advisory Councils and Governing Boards
Session 4	<p data-bbox="372 311 2395 422">Patient Engagement Series: Fundamentals of Elevating Patient Voices Through the Use of Patient Advisory Councils and Governing Boards</p> <p data-bbox="1116 494 1646 582"><i>Anjana Sharma, MD, MAS</i> UC San Francisco</p>
Session 5	<p data-bbox="346 604 2415 711">Patient Engagement Series: Using Patient Voices to Improve Policies and Practices to Address Medical Mistrust in Relation to Colorectal Cancer Screening</p> <p data-bbox="1141 782 1620 875"><i>Jack Westfall, MD, MPH</i> University of Colorado</p>
Session 6	<p data-bbox="422 892 2339 999">Patient Engagement Series: Strategies for Sustaining a Highly Effective Patient Advisory Council and Governing Board</p> <p data-bbox="896 1071 1865 1163"><i>Bev Johnson</i> Institute for Patient and Family Centered Care</p>



Health Equity Community Projects Curriculum



Session #	Phase 3 – Implementing Interventions to Address Medical Mistrust
Session 7	<p data-bbox="428 311 2333 415">Effective Strategies for Addressing Medical Mistrust: Support from Healthcare Providers</p> <p data-bbox="912 496 1849 601"><i>Wayne B. Tuckson, MD, FACS, MSCRS</i> Producer and Host of “Kentucky Health”</p>
Session 8	<p data-bbox="443 615 2318 719">Effective Strategies for Addressing Medical Mistrust: Patients Perspectives of Discrimination and Group Based Disparities</p> <p data-bbox="1151 801 1607 905"><i>Mark Manning, PhD</i> Oakland University</p>
Session 9	<p data-bbox="341 919 2420 1023">Effective Strategies for Addressing Medical Mistrust: Patients Suspicion of Healthcare Providers</p> <p data-bbox="606 1105 2155 1266"><i>Shana O. Ntiri, MD, MPH</i> University of Maryland, School of Medicine Marlene and Stewart Greenbaum Comprehensive Cancer Center</p>



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Project sites used ECHO Sessions to:

- Learn about the Group Based Medical Mistrust Scale Survey
- How to measure mistrust in their communities
- Identify strategies to share results back with their Patient Advisory Councils/Governing Boards
- Implement interventions to address medical mistrust:

44% (33) of respondents have been screened for colorectal cancer.



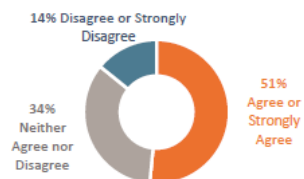
69% screened via colonoscopy

22% screened via stool-based test



41% have been screened in the last year, 34% in the last 1-9 years, and 6% over 10 years ago.

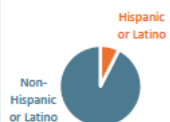
Approximately half of participants either agree or strongly agree that they completely trust that their doctor's decisions about colorectal cancer screening are best for them.



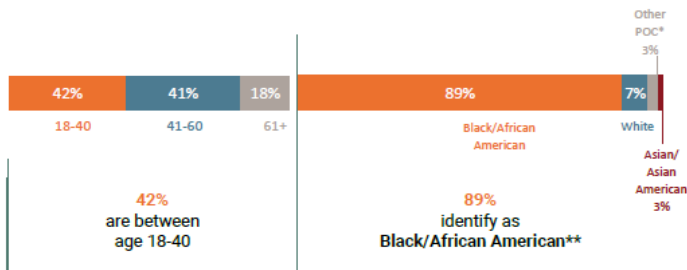
Survey Demographics



60% identify as female, 39% as male, and 1% as nonbinary.



7% identify as Hispanic or Latino

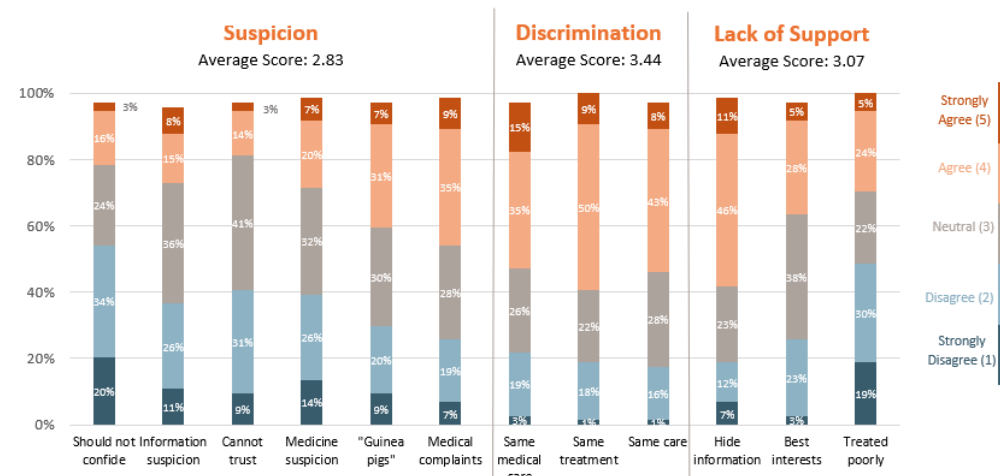


ACS Health Equity Community Projects: Group-Based Medical Mistrust Baseline Survey Results

The goal of the **Group-Based Medical Mistrust Survey** (GBMMS) is to learn about community members' general feelings about the healthcare system. The GBMMS was administered in English between **08/04/2022 and 11/16/2022**. **74 community members** responded to the survey. *Survey demographics are provided on the second page.*

Less than half of participants reported medical mistrust. Participants reported the **highest mistrust related to experiences of differential treatment and care due to race and/or ethnicity (Discrimination)**.

Respondents rated 12 medical mistrust statements on a scale of 1-5 (Strongly Disagree to Strongly Agree). The average score for the full GBMMS scale was **3.05**, indicating that, on average across all statements, participants were neutral regarding their mistrust of the medical system.



Full survey items provided on next page. Some survey questions were not answered by all participants, and thus all bars may not reach 100%.

When comparing participants across racial and ethnic identity, Non-Hispanic Other POC* participants reported the highest mistrust related to **experiences of differential treatment and care due to race and/or ethnicity (Discrimination)**. When compared to non-Hispanic White participants, Non-Hispanic Black or African American participants had significantly higher **medical mistrust**.

Resources Available For Grantees



HC HE Community Projects Med Mistrust Cohort 1 Private group Not following 2 members

Home + New Page details Analytics Published 3/29/2022 Edit

Conversations

Notebook

Calendar



Project tracker list

Issue tracker list

Documents

Recycle bin

Edit



Documents See all

+ New Upload All Documents

Name	Modified	Modified B
Avondale, LA (South Region)	9 minutes ago	Cecily Blackw
Bakersfield, CA (West Region)	9 minutes ago	Cecily Blackw
Clearwater, FL (SE Region)	8 minutes ago	Cecily Blackw
Community Projects Resources	About a minute ago	Cecily Blackw
General	5 days ago	Carl Bennett
Mountain Home, ID (North Region)	8 minutes ago	Cecily Blackw
Philadelphia, PA (NE Region)	7 minutes ago	Cecily Blackw
Whitehall, OH (North Central Regi...	7 minutes ago	Cecily Blackw

Health Equity Community Projects Kick-Off

01 14 46
days hrs min

Cohort 1 Launch Date

Medical Mistrust in Relation to CRC Screening

Project milestones See all

+ Add event

MAR 31 Health Equity Community Projects Kick-Off Call
Thu, Mar 31, 2:00 PM

Resources Available For Grantees



American Cancer Society
Health Equity Community Projects: Medical Mistrust in Relation to Colorectal Cancer Screening Project ECHO Guide

This document is an overview and "how to" guide for individuals engaged in the Health Equity Community Projects: Medical Mistrust in Relation to Colorectal Cancer Screening ECHO. The primary users of this guide include Project Leads/Community Leadership Teams for the Health Equity Community Project grants, ECHO expert faculty/subject matter experts, and ACS Cancer Control Regional team members.

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REGISTER FOR AN ECHO FOCUS AREAS RESOURCES ABOUT US

The American Cancer Society utilizes the ECHO Model to fight cancer on all fronts.

Developed at the [ECHO Institute at the University of New Mexico](#), the ECHO Model™ allows the [American Cancer Society](#) to efficiently disseminate evidence-based strategies to improve cancer outcomes, increase prevention and early detection efforts in health systems, and improve the overall quality of care to ensure all people who have cancer and survivors have access to recommended care.

ABOUT US

Thank You



Thank You

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Medical Mistrust and Colon and Rectal Cancer Screening: Solutions

Wayne Tuckson, MD, FASCRS
Colon and Rectal Surgeon
Host, Kentucky Health

Medical Mistrust and Colon and Rectal Cancer Screening: Solutions

Wayne B Tuckson, MD, FASCRS, FACS

Medical Mistrust and CRC Screening



Medical Mistrust and CRC Screening: Differences in Screening

- 28% 50 – 75 yo in US no CRC screening
- AA's and Hispanics < non-Hispanic Whites
- AA ♂ screened less than AA ♀

Medical Mistrust and CRC Screening: Reasons for Not Getting CRC Screening

- Pain / discomfort
- Embarrassed / modesty
- No family history
- No symptoms
- Complexity
- Transportation / escort
- Costs
 - time off from work (patient and care giver)
 - out-of-pocket expenses

Medical Mistrust and CRC Screening: Medical Mistrust

- Mistrust is not merely the opposite of trust, rather, it is the belief that the person, group, or institution that is the object of our mistrust is actively acting against our best interest and well-being.

Medical Mistrust and CRC Screening:

Provider Impact on AA and Low-Income CRC Screening

- Trust in PCP remained the only significant driver of CRC screening completion in low-income patients.¹
- Patients who reported receiving lower quality of healthcare services were less likely to have undergone and be compliant with CRC screening recommendations²

¹ Gupta, Brenner, et al. Patient Trust in Physician Influences Colorectal Cancer Screening in Low-Income Patients. Am J Prev Med. 2014 Oct.

² Chawla K, Kibreab A, et al. Association of Patients' Perception of Quality of Healthcare Received and Colorectal Cancer Screening Uptake: An Analysis of 2 National Surveys in the USA.. Med Princ Pract 2021

Medical Mistrust and CRC Screening: Reporting of Mistrust

- Non-Hispanic Black and Hispanic participants were 73% and 49% respectively to more likely report having mistrust in health professionals compared to non-Hispanic Whites

Medical Mistrust and CRC Screening: Who's To Blame

- Too often, the “onus to overcome medical mistrust is placed on the population experiencing structural, social, political, and economic exclusion and marginalization, rather than the institutions and entities that have created environments that engender mistrust and sustain institutionalized inequalities.”

Medical Mistrust and CRC Screening: Social Issues

- Insurance/pharmaceutical companies are in control.
- Patients are a revenue source.
- Healthier, safer, more natural treatments are ignored.
- I heard / had a bad experience there.
- They're white, why should I trust them?
- **Dismissive attitudes from providers.**
- **Limited discussion of risk, benefit and alternatives**
- **Policies based on politics and not facts and evidence**

Medical Mistrust and Colon and Rectal Cancer: Solutions

- Providers
- Political Action
- Community engagement
- Education

Medical Mistrust and CRC Screening: Read The Room



“How come there’s no brothers' pictures on the wall?”

Spike Lee “Do The Right Thing”

Medical Mistrust and CRC Screening: Provider Solutions

- A basic understanding of the patients' culture
- Avoid stereotyping, instead individuate
- Understand and respect the magnitude of unconscious bias.
- Recognize situations that magnify stereotyping and bias.

Medical Mistrust and CRC Screening: Build Partnership with Patient

- Intentional listening
- Validate the patients' experience and concerns
- Explain testing and treatment
- Establish goals
- Be inclusive when discussing plans “we not I”

Medical Mistrust and CRC Screening: Providers

- Assiduously practice “evidenced-based medicine.”
- Address provider shortages

Experience of nurse practitioners performing colonoscopy after endoscopic training in more than 1,000 patients. Riegert M, Nandwani M, et al. Endosc Int Open. 2020

- Ease shortage of endoscopist
- Effectiveness of NP's to perform CRC screening with colonoscopy
- Bridge gap between supply and demand for colonoscopy
- Potentially maintain the benefits of colonoscopy at a lower cost

Experience of nurse practitioners performing colonoscopy after endoscopic training in more than 1,000 patients. Riegert M, Nandwani M, et al. Endosc Int Open. 2020

- The Good
 - Fellowship-trained NPs in colonoscopy satisfied ASGE and ACG quality indicators
 - Adequately trained NPs can perform colonoscopy safely and effectively and may be useful in under-resourced settings where conventional access to a gastroenterologist is limited.
- The Bad
 - Academic affiliated urban outpatient endoscopy center
 - Minority population
 - If the problem is a lack of qualified providers, then we should develop more training programs rather than promoting a separate, yet potentially “equal” standard of care?

Medical Mistrust and CRC Screening: Provider Representation

- Medical school enrollment
 - 6% of doctors identify as Black
 - 7% identify as Hispanic
 - 1/3 US population is either Black or non-white Hispanic
- Incorporating diversity into the curriculum

Medical Mistrust and CRC Screening: Community Health Workers

A person who is a trusted member of and/or who has an unusually close understanding of the community served in the delivery of health- related services through either working directly with providers or their partner organizations

Medical Mistrust and CRC Screening: Role of the Community Health Workers

- Advocate for underserved individuals or communities to address health needs
- Collect and relay information to stakeholders to inform programs and policies
- Build community capacity to address health issues
- Address social determinants of health
- Provide culturally appropriate healthcare education
- Provide informal counseling, health screenings, and referrals

Medical Mistrust and CRC Screening:
HEAL Collaborative - Goal

- **Health Education Advocacy and Learning**
- Form meaningful partnerships with faith-based organizations and leverage culturally relevant health education resources to help the Black community.

Medical Mistrust and CRC Screening: HEAL Collaborative - Method

- Education is the primary focus
- Provide a space for patients, caregivers, and high-risk individuals to dialog with legislators and healthcare systems
- Recognize and prioritize the critical health needs of disadvantaged communities
- Sick congregants neither tithe or serve

Medical Mistrust and CRC Screening: Colon Cancer Prevention Project

- Formed 2005
- 2008 KY General Assembly established the Kentucky Colon Cancer Screening Program (KCCSP) for three purposes:
 - 1) to increase CRC screening
 - 2) to reduce morbidity and mortality from CRC
 - 3) to reduce the cost of treating CRC among Kentuckians
- CRC screening increased from 35% in 1999 to 66% in 2012.
- 49th to 20th in the nation

Medical Mistrust and CRC Screening: Colon Cancer Prevention: Legislation

- KY Senate Bill 96 (2008): An act relating to health insurance coverage for colorectal cancer detection
- KY Senate Bill 18 (2010): An act relating to health care services provided in clinical trials for the treatment of cancer
- KY House Bill 69 (2015): An act relating to removing barriers to colorectal cancer screening
- KY House Bill 115 (2016): An act relating to colon cancer prevention and declaring an emergency
- KY Senate Bill 146 (2017): An act relating to the licensure of genetic counselors
- KY Senate Bill 30 (2019): requires Kentucky governed health benefit plans to cover cancer risk genetic testing if the recommendation is made by a licensed medical professional (covered under KRS Chapter 311 & 314), and follows the National Comprehensive Cancer Network (NCCN) guidelines

Medical Mistrust and CRC Screening: Colon Cancer Prevention: Meeting the Needs

- 2022 KY first state to offer CRC screenings kits through pharmacies
- Transportation to colonoscopies

Medical Mistrust and CRC Screening: Closing

- At our level, we cannot expect to regain the patients trust without a change in attitude and behavior of both the clinician, and the organization.
- There cannot be a tiered system when addressing situations that perpetuate mistrust.
- Behavior that perpetuates mistrust should be viewed as morally equivalent to malpractice.

Medical Mistrust and CRC Screening: Options to Colonoscopy



- **Guaiac-based fecal occult blood test (gFOBT)**
- **Fecal immunochemical test (FIT)**
- **FIT-DNA test**



- **Flexible Sigmoidoscopy**
- **CT Colonography (Virtual Colonoscopy)**

Medical Mistrust and CRC Screening



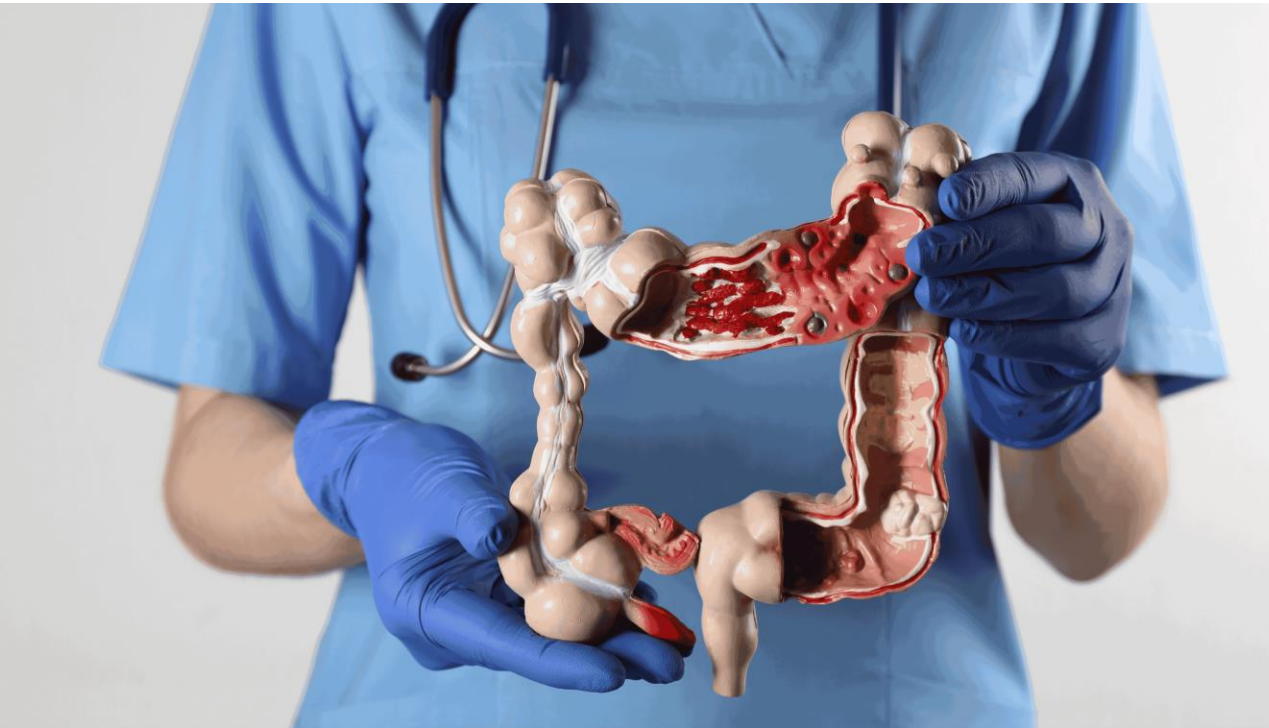
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Health Equity Understanding Medical Mistrust in Relation to Colorectal Cancer

Marcia Gainer, DNP, APRN
Quality Director
Evara Health



HEALTH EQUITY

**UNDERSTANDING MEDICAL MISTRUST IN
RELATION TO COLORECTAL CANCER**



MEET THE PRESENTER	01
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QUESTIONS & ANSWERS	08

MEET THE PRESENTER

Marcia Gainer, DNP, APRN

Quality Director

Specialty

Family Practice

Board Certifications

American Academy of Nurse Practitioners

Graduate Degree

D.N.P., University of North Florida

M.S.N., South University



Providing Quality Care at
Evara Health since 2019

About Evara Health



**Federally Qualified
Health Center (FQHC)
since 1993**



**Over 40 years of
serving the
community**



**Formerly Community
Health Centers of
Pinellas, Inc.**



**16 health centers
throughout Pinellas
County**



**Served over 56,000
patients in 2022**

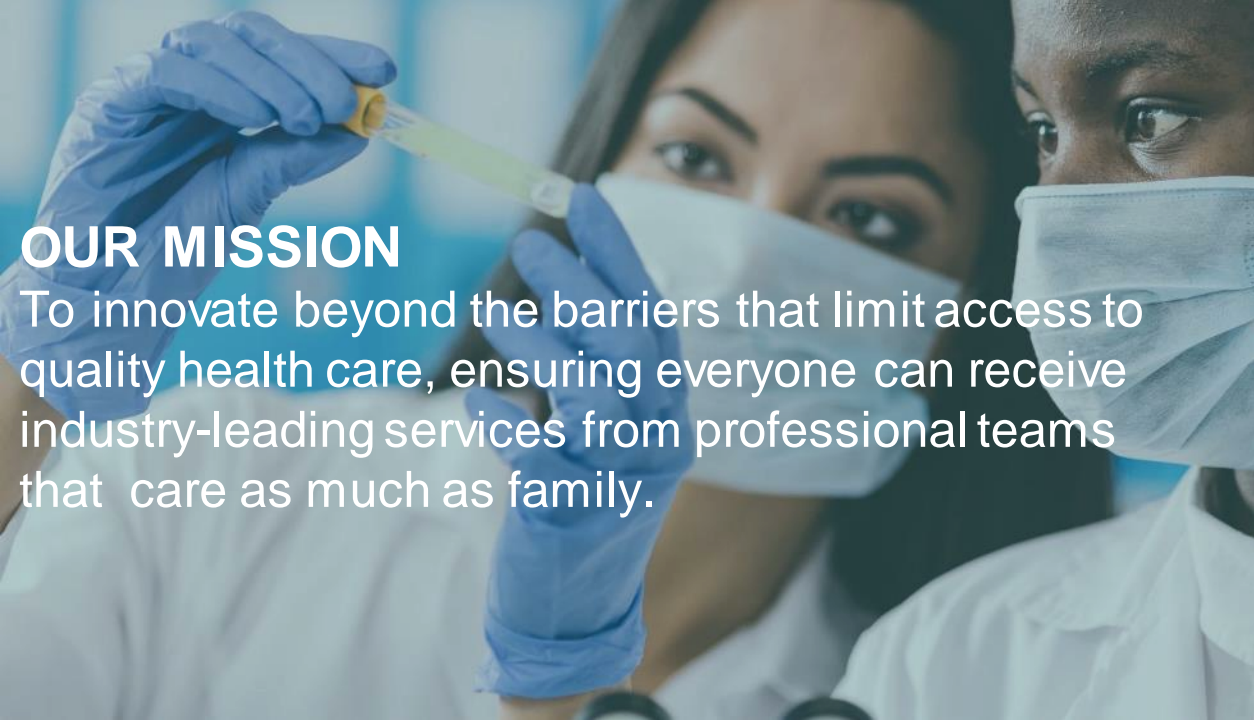
evara
HEALTH





OUR VISION

Our vision is to provide equal access to comprehensive, quality health care that promotes healthier families and healthier communities.



OUR MISSION

To innovate beyond the barriers that limit access to quality health care, ensuring everyone can receive industry-leading services from professional teams that care as much as family.

OUR VALUES

We believe in

- COMMITMENT TO COMMUNITY
- BUILDING LASTING BONDS
- QUALITY ABOVE ALL
- PATIENT-CENTERED INGENUITY
- COMPASSION IN ACTION
- LEADING WITH INTEGRITY

Services Offered



MEDICAL SERVICES

Family Practice, Pediatrics,
Women's Health, GYN Services,
Behavioral Health, Chiropractic,
Adult & Pediatric Dental,
Pharmacy, Pharm MTM Services,
Nutrition/Dietician, Podiatry, OPP,
Psychiatry



ANCILLARY SERVICES

Community Services Specialists,
Care Coordination, MedNet
Smoking Cessation, Food Pantry,
Healthy Start Foundation,
Sickle Cell Disease Association



CLASSES

Fitness Classes, Cooking Classes,
Diabetic Shared Group Visits

About Our Patients....

61%

of patients
racial and/or
ethnic
minorities

94%

of patients
below 200%
FPL

80%

of patients
below 100%
FPL

46%

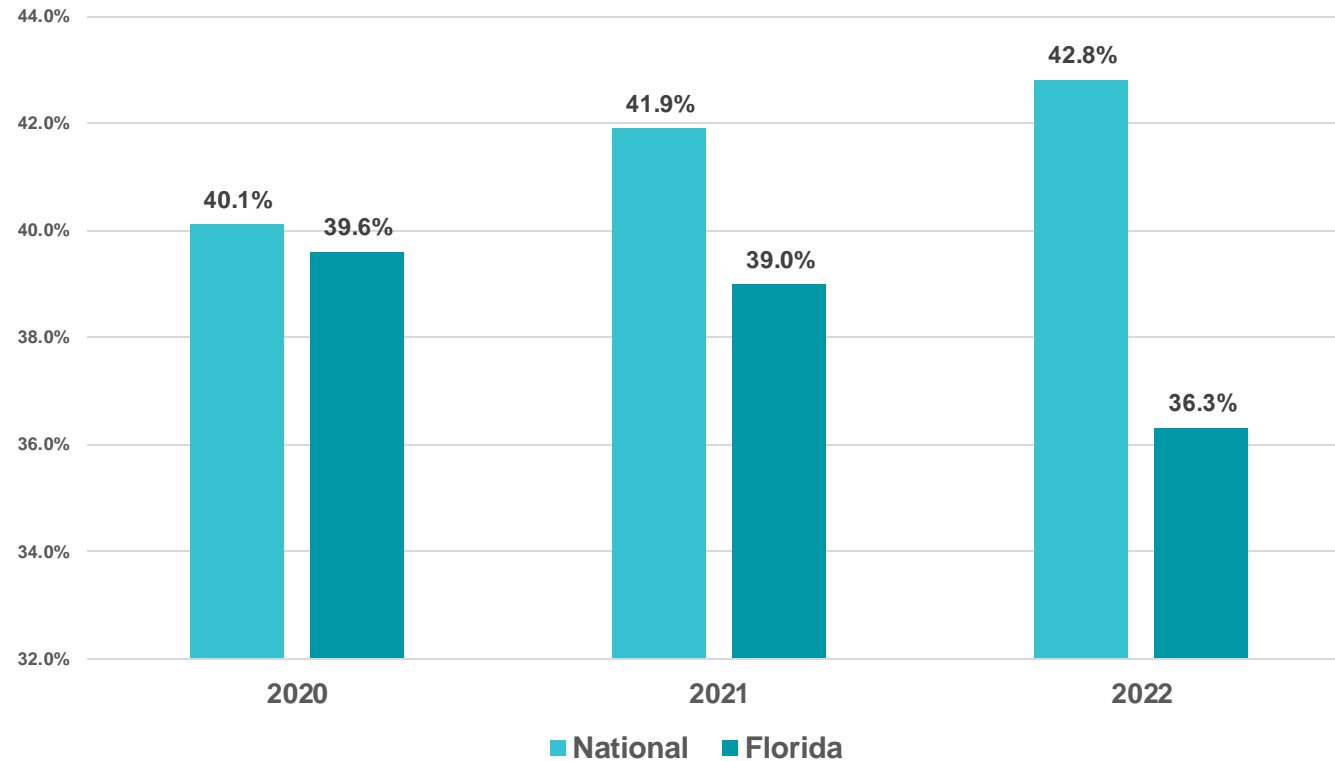
of patients on
Medicaid /
CHIP

25%

of patients
uninsured

LATEST RESEARCH

Percentage of Federally Qualified Health Center Patients ages 50-75 years Up-to-Date with CRC Screening, Uniform Data System



The UDS CRC screening rate was 42.8% in 2021, which amounts to 2,769,337 patients screened in 2022 alone.

PROJECT EXPERIENCE

COMMUNITY SURVEYS

- Generated conversations
- Thought provoking survey questions produced questions from participants
- Increased awareness amongst the BIPOC participants, families, friends, and other community members

FOCUS GROUPS

- Allowed opportunity to share experiences in a safe space
- Inspired conversations about CRC in the community
- Highlighted the level of impact colorectal cancer has had on the BIPOC population

MEASURING MISTRUST

Group-Based Medical Mistrust Survey

08/04/2022 – 11/16/2022

88 community members responses

- Depth of medical mistrust
- Highest medical mistrust related to experiences of differential treatment and care due to race and/or ethnicity and economic status
- Importance to build rapport with patients at each opportunity
- Place emphasis on personal aspects of each patient
- Value of community focus group to spread awareness

54% (48) of respondents have been **screened for colorectal cancer**.



78% screened via **colonoscopy**

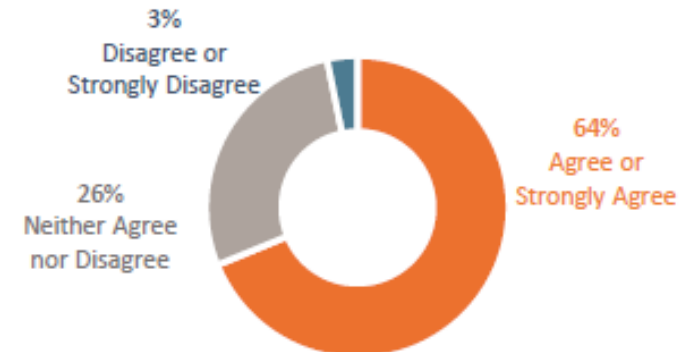


18% screened via **stool-based test**



33% have been **screened in the last year**, 64% in the last 1-9 years, and 2% over 10 years ago.

The majority of participants (out of 88) either **agreed or strongly agreed** that they completely **trust that their doctor's decisions about colorectal cancer screening are best for them**.



BEST PRACTICES



**CRC FIT TEST
TO PATIENTS**

(FREE)




**COLOGUARD
SCREENING**

**(for insured &
uninsured patients)**



**TEXT
MESSAGE
CAMPAIGNS**



**COLORECTAL
CANCER
SCREENING
INITIATIVES**



**DEDICATED
CASE
MANAGEMENT**

PARTNERSHIP IMPACT

**Medical Professionals
were more well received
when in a comfortable
space**

**Helped to bridge gaps due
to medical mistrust**

**Helping advancing timely
screenings and the
opportunities to connect
care**

**Provided level of
transparency in response
due to comfortability with
community partner**

**Continued community
partnerships to ensure
timely screening**

**Created a thirst for
knowledge and insight for
community members by
trusted community members**

LESSONS LEARNED & NEXT STEPS



“Would rather not know”



Don't have childcare



Can't take off work to go to the doctor



Increase trust with the BIPOC populations

Understanding the importance of building relationships are each opportunity

QUESTIONS



Thank You

evara
HEALTH
CARE THAT EMPOWERS



Thank You

nccrt.org @NCCRTnews #80inEveryCommunity