# 2021 NCCRT Annual Meeting – November 15-17



# Thank you for joining! The session will begin shortly.



# Strategies to Promote Colorectal Cancer Screening in Underrepresented Communities

Wednesday, November 17, 2:00 PM



# **Strategies to Promote Colorectal Cancer Screening in Underrepresented Communities**



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# Annie Thibault

Colorectal Cancer Prevention Network



# Michelle Aubertine

KS&R



#### **Anne Escaron** PhD, MPH *AltaMed Health Services*



#### **Jennifer Hatcher**

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# Black & African American CRC Messaging Research

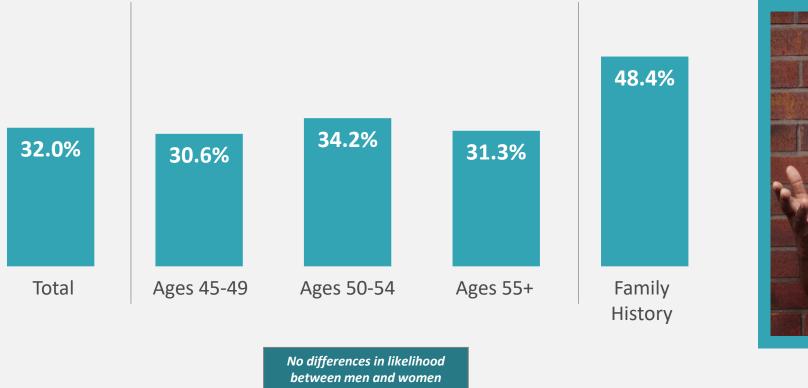
Michelle Aubertine, KS&R

October 29, 2021



#### LIKELIHOOD TO GET SCREENED IN THE NEXT 6 MONTHS

1 in 3 unscreened Black and African American people are likely to make a CRC screening appointment in the next 6 months. Among those with a family history, just under half are likely to get screened in the near future.







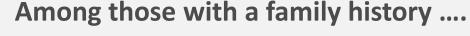
#### CRC SCREENING BARRIERS

Procrastination is the leading reason Black and African American individuals have not been screened. Lack of symptoms, no family history, and doctor not recommending it are also top cited barriers.

be the target of t	No symptoms 30%	No Family History 27%	boctor Didn't Tell Me To 19%		
DRIVERS OF PROCRASTINATION VARY BY AGEAges 45-49: Cost concerns (21%); COVID (19%) Ages 50-54: COVID (27%); Cost concerns (22%), Don't think they're likely to get CRC (21%) 					



#### 1 in 10 have a family history of CRC



#### **Barriers to screening:**

- 42% Procrastination
- 19% Other medical issues
- 19% Doctor didn't tell me to
- 16% No symptoms

44% admit to being scared of the actual procedure to test for CRC





#### 1 in 5 think you don't need to get screened if you eat right & exercise

Some of those with a family history do not worry about colon cancer, as they feel their lifestyles are healthier than their relatives' and thus they are not as likely to get colon cancer. These respondents cite their family members led unhealthy lifestyles (e.g. sedentary, poor diet, and/or were heavy drinkers).

Only 53% have discussed colon cancer screening with their health care provider



#### **MESSAGE TESTING**

15 messages with a variety of themes were tested using an advanced analytical technique to measure which ones will be most impactful in helping encourage unscreened Black and African American people to get screened for CRC.

PREVENTABLE FAMILY HISTORY

**SCREENING OPTIONS** 

SILENT DISEASE

#### MESSAGES PERFORMANCE (SHARE OF PREFERENCE)

# Colon cancer being the second leading cancer death in Black and African Americans, is by far the most compelling message.

MOST	Total		
MOTIVATING	Did you know that colon cancer is the second leading cause of cancer death in Black and African American people in the United States?	15.7%	. Top message across all
	Colon cancer is often a silent disease. Usually there are no symptoms. That's why getting screened is so important	9.8%	age groups, gender, & illustrative personas
HIGHLY MOTIVATING	Colon cancer still happens more often in African Americans, but progress is being made. Fewer African American people	9.6%	indistructive personas
	Right now, you could have a polyp, a small growth in your colon or rectum	9.0%	
	Colon cancer screening can save your life. And for most people, there's more than one screening option available	7.7%	
	A colonoscopy isn't the only option for colorectal cancer screening. There are simple, affordable options	7.2%	
	Colon cancer is often preventable a and likely to be successfully treated if caught early	6.3%	
	Did you know that most African American people are screened for colon cancer?	6.2%	
	My mom was diagnosed with colon cancer at age 55. I now know I'm at a higher risk for the disease	5.2%	
	Being active and eating right are important for your health, and so is getting screened for cancer	5.1%	
	My mom was screened for colon cancer and caught it early when it was more treatable	4.6%	
	Did you know screening is done by people who don't have any symptoms?	3.8%	
	One in four people with colon cancer have a family history of the disease. Family history puts you at an increased risk	3.6%	
	Carl feels great about his health. He eats right and exercises regularly. And he received good news after his last colonoscopy	3.2%	
	Al's buddy, Joe, is a colon cancer survivor. Joe was only 50 when he was diagnosed	2.8%	



#### PERCEPTIONS OF TOP MESSAGE

This message is most compelling because it is extremely relatable and sheds light on a widely unknown statistic for Black and African people.



Did you know that colon cancer is the second leading cause of cancer death in Black and African American people in the United States? Colon cancer can be caught early or even prevented through regular screening. Most people should begin screening at age 45.



#### PERCEPTIONS OF SECOND TIER TOP MESSAGES



#3

Colon cancer is often a silent disease. Usually there are no symptoms. That's why getting screened is so important. It can help prevent colon cancer or catch it early when it is easiest to treat. Most people should begin screening at age 45. Colon Cancer being a silent disease is what makes this message highly compelling as most are unaware of this fact.

> It makes me feel like I could possibly have cancer but it's not being detected. If I get screened and it's caught early, I have a better chance.

Highlighting that **it's a silent killer**; that **shows how important screening is**.

Usually with illnesses, one has symptoms which prompts them to get checked. Those illnesses that are silent with no warnings are the worst, so it is best to get checked.

Colon cancer still happens more often in African Americans, but progress is being made. Fewer African American people develop or die from colorectal cancer as compared to just a few years ago, thanks to more African Americans taking part in screening, now starting at age 45.

Similar to the most preferred message, this message is motivating because it's relatable and eye opening with regards to colon cancer being more prevalent in Black and African American people.

Because it talks about Black people needing to get screened and I'm a woman of color. As an African American it is telling me that I am more likely to get colon cancer. Knowing that I am of high risk makes it important to get screened.

Right now, you could have a polyp, a small growth in your colon or rectum. Right now, your polyp may be harmless, but over time it could develop into colorectal cancer. Right now, through regular screening, you have the power to find and remove precancerous polyps and prevent colorectal cancer. Call your doctor and take control of your health!

This message made people stop and think, and motivates them with the fear that RIGHT NOW they could have a polyp that could be dangerous.

It addresses the fact that presently things could seem okay when **preventable dangers could be developing out of sight.** 

What could be happening in my colon now is **very scary**. When the message states it can be happening NOW...it hits different when you see the word NOW.

#### CHANNELS FOR COMMUNICATING CRC SCREENING INFORMATION

56% prefer to receive CRC screening information from health care providers



Only 44% have talked to a HCP about CRC screening

- 32% 45-49 y/o
- 41% 50-54 y/o
- 52% 55+ y/o

Beyond HCPs, other top channels for information include:



Handouts/posters in a doctor's office (32%)



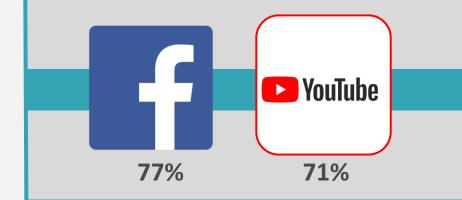
Emails (29%)



Websites (28%)

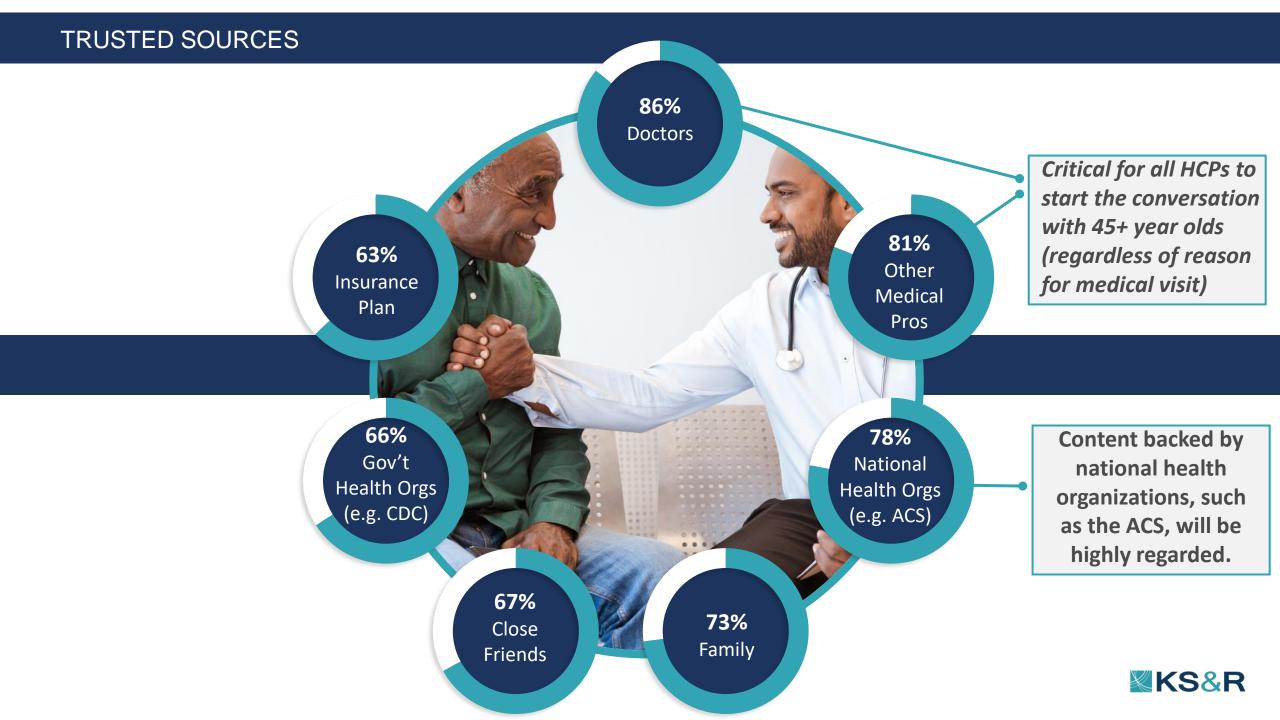


Online patient health portals (26%)

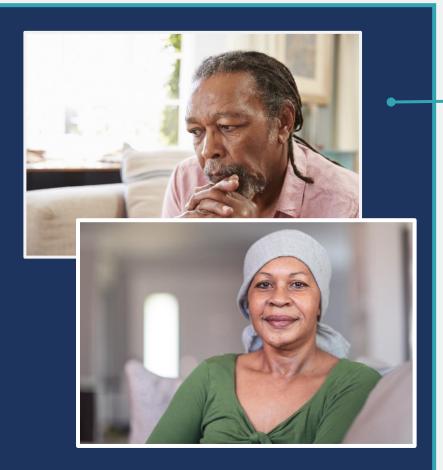


Though not a top preferred or trusted channel, virtually all are on Social Media making it an ideal source for reaching this audience with CRC and CRC screening information



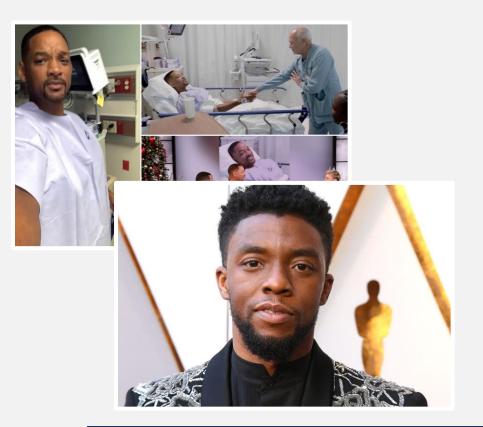


#### IMPACTFUL MESSAGE DELIVERY



- 89%

report a regular person they can identify with (similar age, gender, race, etc.) talking about their experience with CRC is more impactful than a celebrity speaking out.



With regard to celebrities, 64% report celebrity deaths are more impactful than seeing a celebrity get screened.





## **NEXT STEPS:**

- NCCRT to host a webinar of the findings
- NCCRT Advisory Committee to begin focusing on content development
- Supplemental guide and complementing resources will be available on nccrt.org



Evidence Based and Innovative Approaches for Promoting CRC Screening among Latino and Multiethnic Communities in Southern California

Anne Escaron, PhD AltaMed Health Services Corporation

80% in Every Community Conference Strategies to Promote Colorectal Cancer Screening in Under-represented Communities 11/17/2021



# Outline

- AltaMed's patient population
- Colorectal cancer screening at AltaMed
  - System wide strategies
  - Additional evidence based strategies
    - Colorectal Cancer Control Program (CRCCP)
      awardee
- Innovative approach
  - Fotonovela



80% by 2018 National Achievement Award

AltaMed Institute for Health Equity

# **ALTAMED HEALTH SERVICES CORPORATION**

- Largest Independent Community Health Center
- 257,093 patients UDS 2020
  - 88% Racial and/or Ethnic Minority
  - 83% Latino
  - 61% Medicaid
  - 43% Best served in language other than English
  - 20% Uninsured
- >3,000 employees
  - ≤ 400 physicians

Mission

To eliminate disparities in health care access and outcomes



#### AltaMed Institute for Health Equity

## **Colorectal Cancer Screening at AltaMed**

#### UDS

	2016	2017	2018	2019	2020
Colorectal	57%	62%	63%	56%	43%

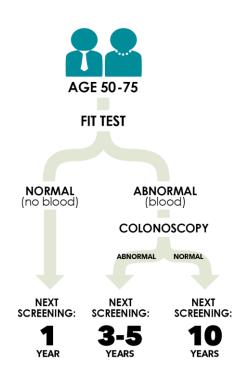


Image courtesy of Kaiser Permanente Center for Health Research Portland, OR

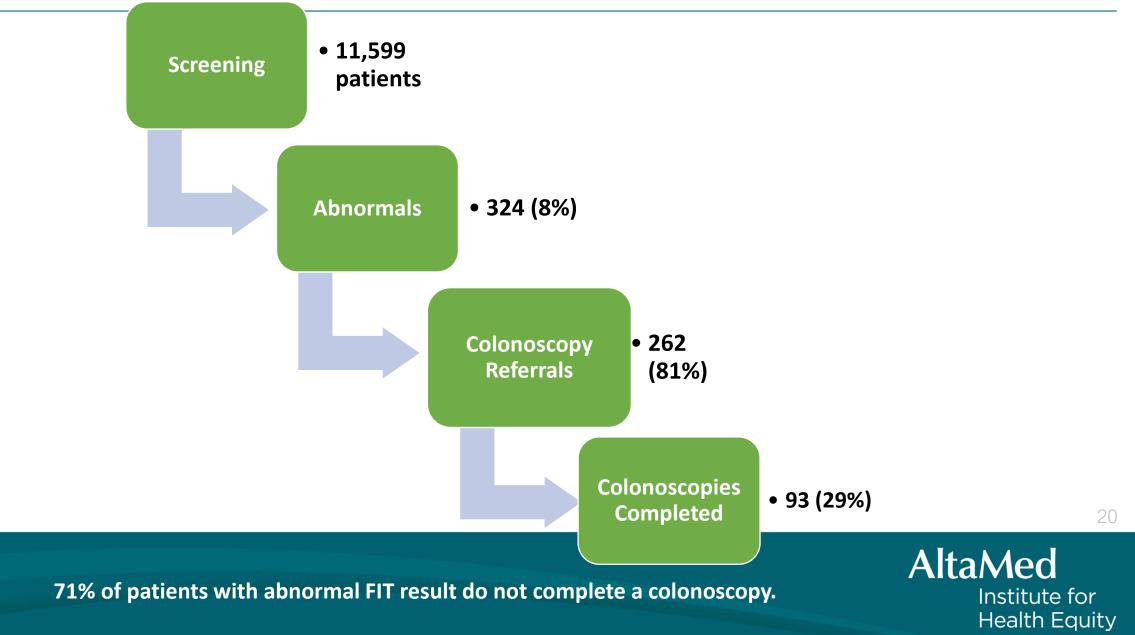
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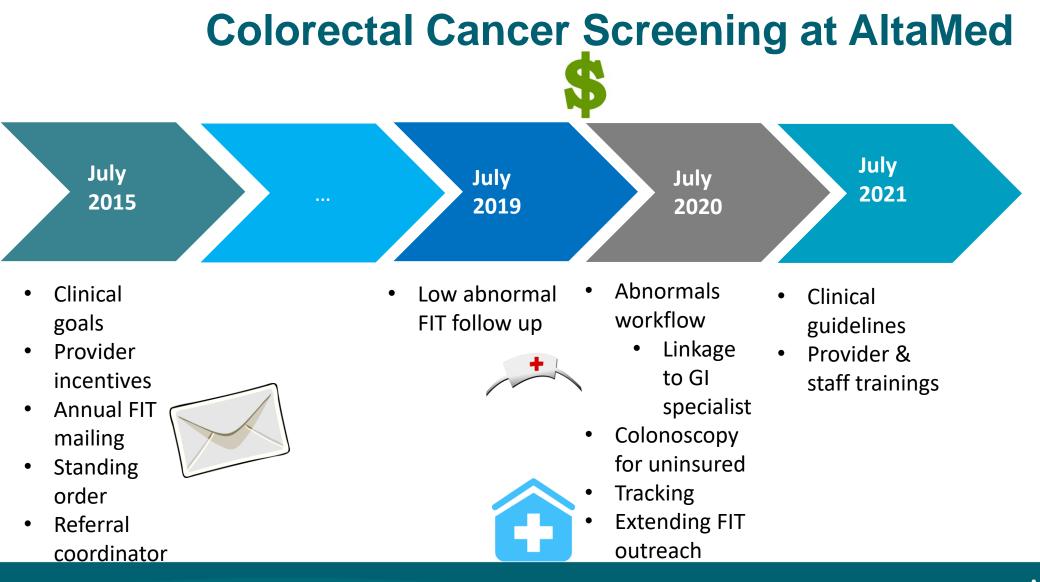
**AltaMed** 

Institute for

Health Equity

## **Critical Gap for Abnormal FIT Results- 2018**





AltaMed Institute for Health Equity

# **Colorectal Cancer Screening at AltaMed**

Assessing patients' barriers to completing follow up colonoscopy after abnormal FIT result

- Transportation
  - Ride to & from procedure site

- Social support
  - Escort

- Health literacy
  - Bowel preparation





## Fotonovela 1: Turning 50



Flesch-Kincaid reading level 3.



I'm so glad you like it. One other thing...I've been meaning to ask you. What's that? 1000000000 I've been doing my FIT test every year for 8 years. Did you get one? It's one of the joys of turning 50!

Flesch-Kincaid reading level 3.3

Flesch-Kincaid reading leveralth Equity

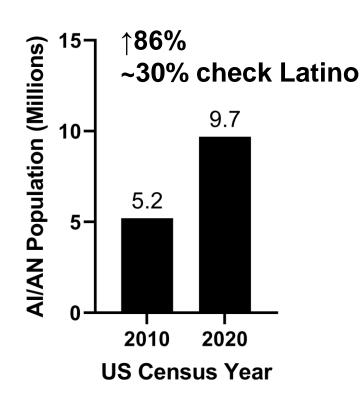
# **THANK YOU**



Multilevel Interventions to Promote CRC Screening among Native American Communities in Arizona - Accelerating Colorectal Cancer Screening and Follow-up through Implementation Science (ACCSIS) Program Grantee

Dr. Jennifer Hatcher, RN, MPH, PhD





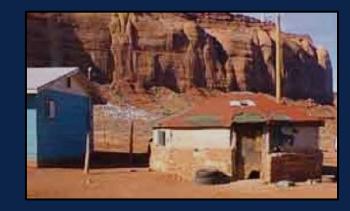
### Arizona (2020):

- 23 tribes
- 317,000
- 298,000 Navajo
   173,000 on reservation



## **AI/AN** Population and Disparities

	AI/AN	US
Age (median, y)	31	37.4
Household income	\$35,310	\$51,371
Children/family	3-4	1.93
Poverty rate	29.4%	11.4%





- Majority of reservation households lack phones and access to USPS (BRFSS, mailed FIT)
- Paucity of cell phone towers (BRFSS)
- 75% of all US households lacking electricity are on the Navajo Nation (reservation)

# **CRC** in Al/AN

- Overall CRC mortality 1.39-fold greater than for NHW
- Regional AI/AN CRC excess mortality risk from 0.8 to 2.3-fold vs. NHW
- Higher incidence of late-stage disease 28.1 per 100,000 (AI/AN) vs. 22.4 (NHW)

# Overall CRC mortality declining in NHW but increasing in Al/AN





## **AI CRC Screening Consortium**

- AZ, NM & OK NCI-designated Comprehensive Cancer Centers
   Part of larger ACCSIS consortium
- CCSG supplements with NCI Moonshot funding

# University of Arizona Cancer Center – AI CRC Screening Consortium Site

- Navigator-based, Type 3 effectiveness-implementation hybrid design approach
- Using USPSTF-approved methods, increase CRC screening rates by at least 25% at participating facilities. Screening method at discretion of individual facilities and providers
- FIT is the majority primary screening tool, screening colonoscopy the first choice in a small minority of patients
- Multitarget stool DNA-FIT (Cologuard) not currently in use at any site



- Navigator in place:
  - El Rio (Pascua Yaqui
  - HHCC (Hopi)

THE UNIVERSITY OF ARIZONA

- NACA (mainly Navajo)
- SCAH (San Carlos Apache)
- WIHCC (Navajo)

## Arizona Al Colorectal Cancer Screening Consortium Sites (October '21)

## **Regulatory Approvals Obtained:**

- UA IRB
- SCAH Board
- San Carlos Tribal Council
- NACA Board
- Western & Ft. Defiance Navajo Agencies
- Navajo Nation HRRB
- WIHCC Board
- El Rio Board
- Phoenix Area IHS IRB
- Hopi Tribal Council
- Pascua Yaqui Tribal Council

# **Unique Barriers**

#### **POSTAL SERVICE**

Some community members only check their mail 1-2 times/week; have limited access

#### LANGUAGE

Most homes speak another language other than English at home

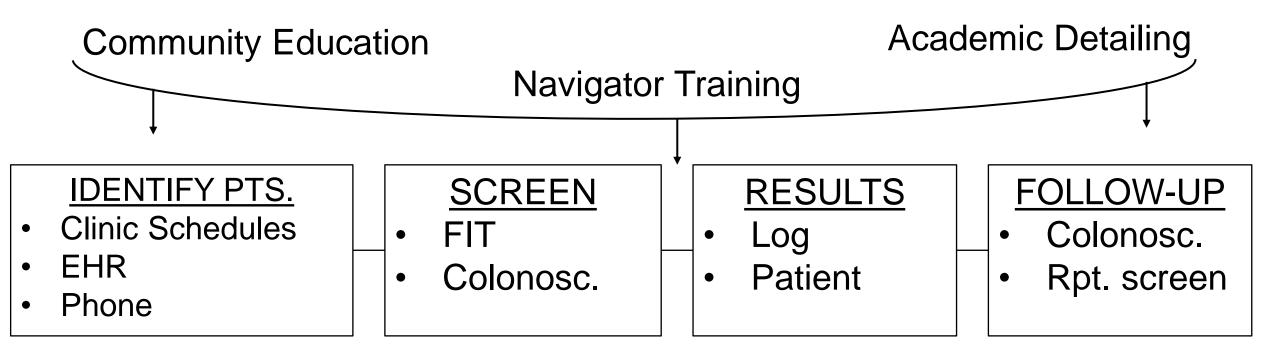
#### **REGULATORY PROCESSES**

Tribal regulatory processes can take months (ie. Navajo Nation)

#### **CULTURAL BELIEFS**

Some tribal languages do not have a word for 'cancer;' some tribes do not like to talk about cancer because it will bring it among themselves (cultural taboos)

# **Study Organization**



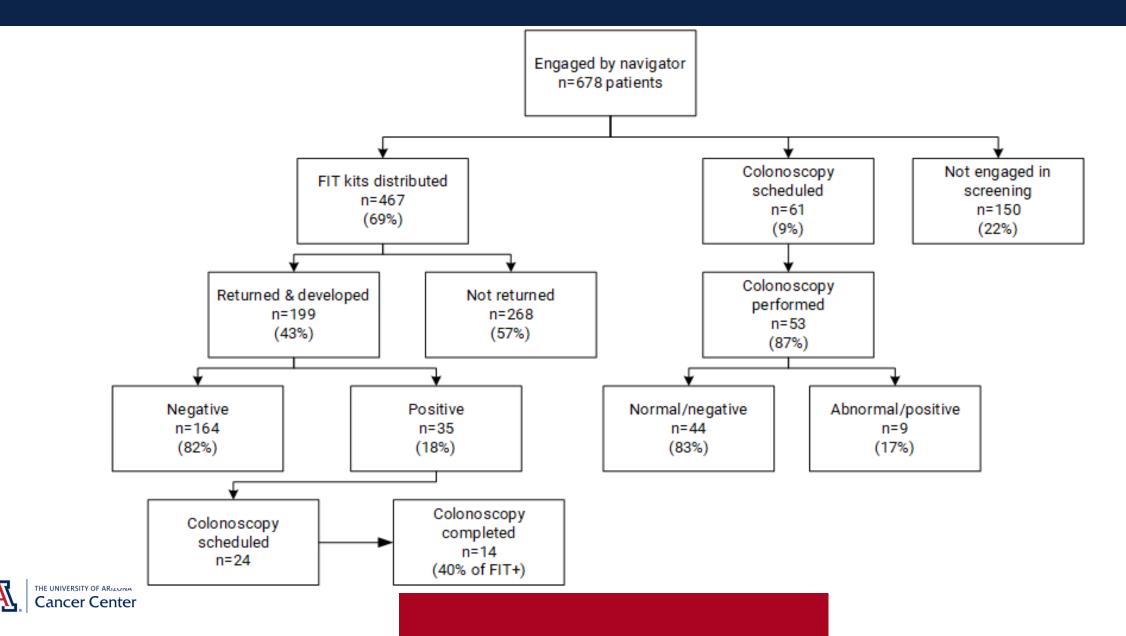


INFORMATICS

# Research: Deidentified, aggregate – REDCap



# Aggregate Arizona Data: Two Sites, REDCap Database



# **UACC NCI Moonshot Team**

Project Leaders

Administration, Data Management, Community

#### **Co-Investigators**



**Jennifer Hatcher** 



**Peter Lance** 



**Dianna Candito** 



Monica Yellowhair



**Emily Bobyock** 



**Usha Menon** 

Laura Szalacha

**Jennifer Erdrich** 





# **Questions & Answers**

