



Best Practices and Successes to Address Transportation Barriers to Colorectal Cancer Screening

10:50 AM – 12:00 PM

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Addressing Transportation Barriers to Colorectal Cancer Screening in Louisiana

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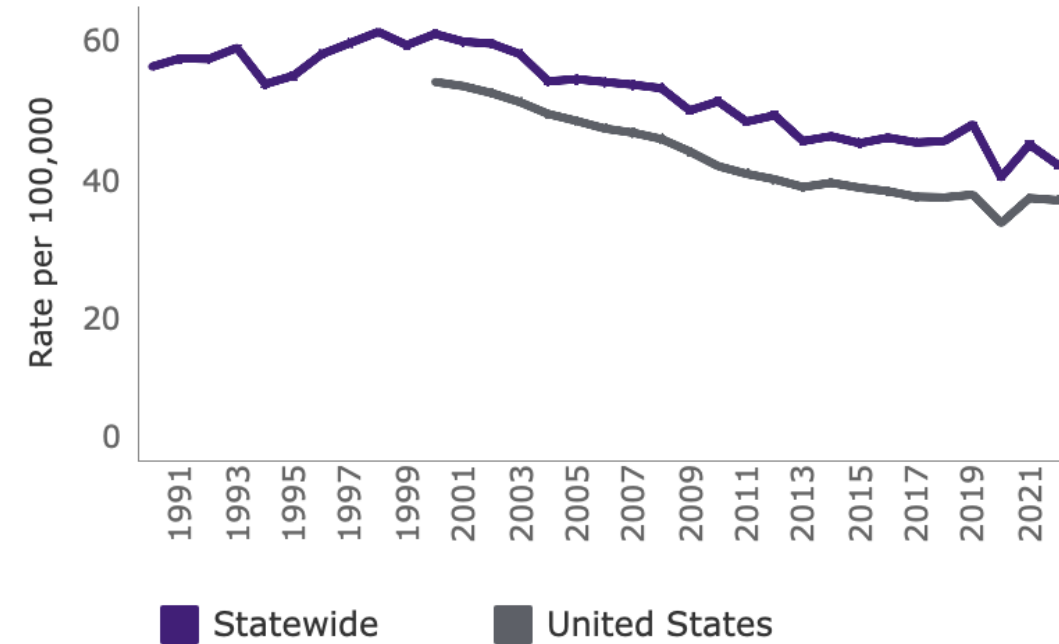
Disclosures

- This study was funded in part through a grant awarded by the Centers for Disease Control and Prevention (CDC) to Louisiana State University Health Sciences Center (LSUHSC) in New Orleans.
- The CDC grant, “Organized Approaches to Increase Colorectal Cancer Screening,” is part of the CDC’s Colorectal Cancer Control Program and is implemented in Louisiana as Screen Up.

Background: CRC in Louisiana

- CRC is the 4th most diagnosed cancer and 2nd leading cause of cancer-related deaths in Louisiana
- Louisiana's CRC incidence and mortality rates exceed national averages
- Barriers such as limited healthcare infrastructure, transportation, and low-income populations hinder screening access

Colorectal Cancer Incidence Rates in Louisiana and the United States, 1991–2021



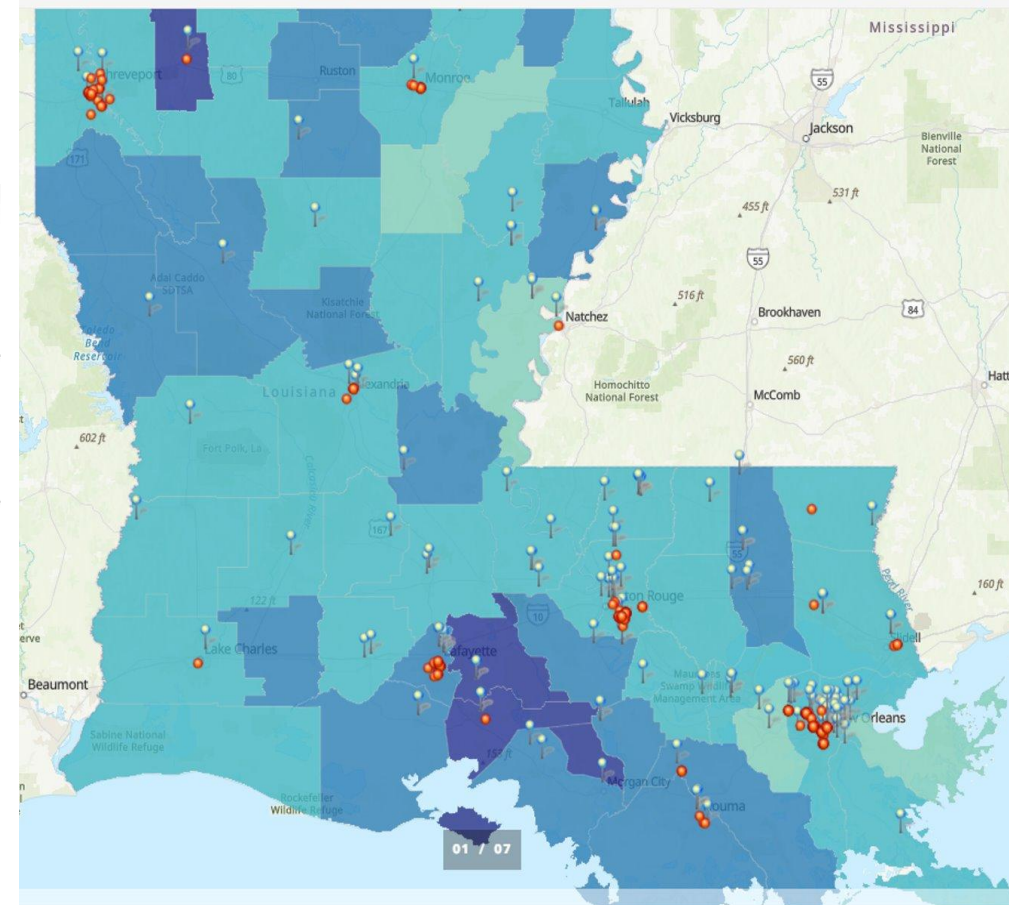
Source: Louisiana Tumor Registry, Louisiana State University Health Sciences Center – School of Public Health. “Louisiana Cancer Data Visualization Tool.” Accessed October 21, 2025. <https://publichealth.lsuhsu.edu/louisiana-tumor-registry/data-usestatistics/louisiana-data-interactive-statistics/louisiana-cancer-data-visualization.aspx>

Background: Identifying Transportation Barriers

- Transportation is consistently cited by clinics as a major barrier to CRC screening completion
- Long travel distances to gastroenterology sites, particularly in rural and low-resource parishes.
- Even in urban centers (New Orleans, Baton Rouge), public transit gaps hinder access to colonoscopy appointments



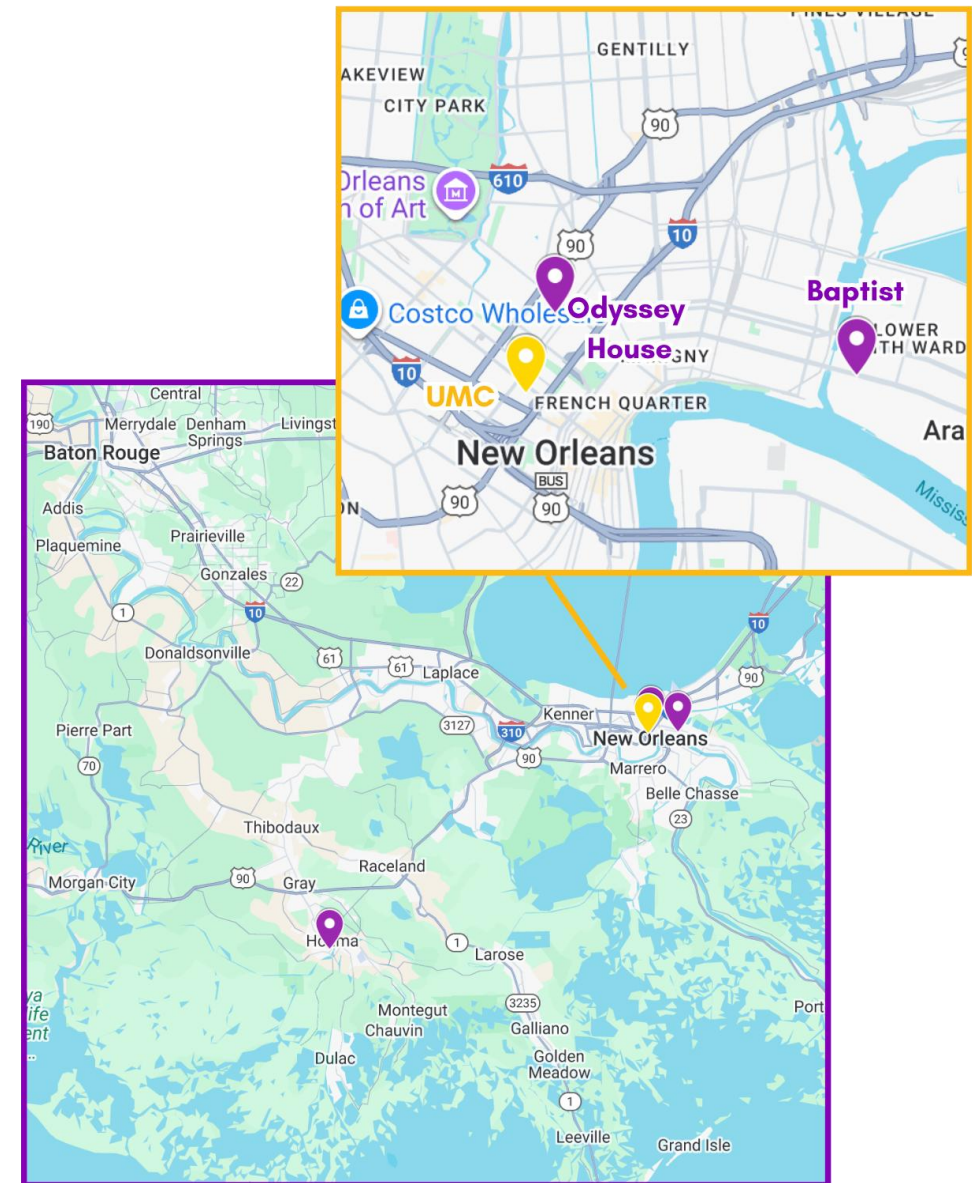
Gastroenterology Providers Across Louisiana (230 Statewide)



Source: <https://www.aamc.org/data-reports/report/us-physician-workforce-data-dashboard> and [ArcGIS - GI Providers](#)

Intervention

- Screen Up partnered with Uber Health to provide free rides to and from colonoscopy appointments for patients in three clinics
- One pilot clinic also offered gas cards and bus tokens for patients without smartphones or rideshare access



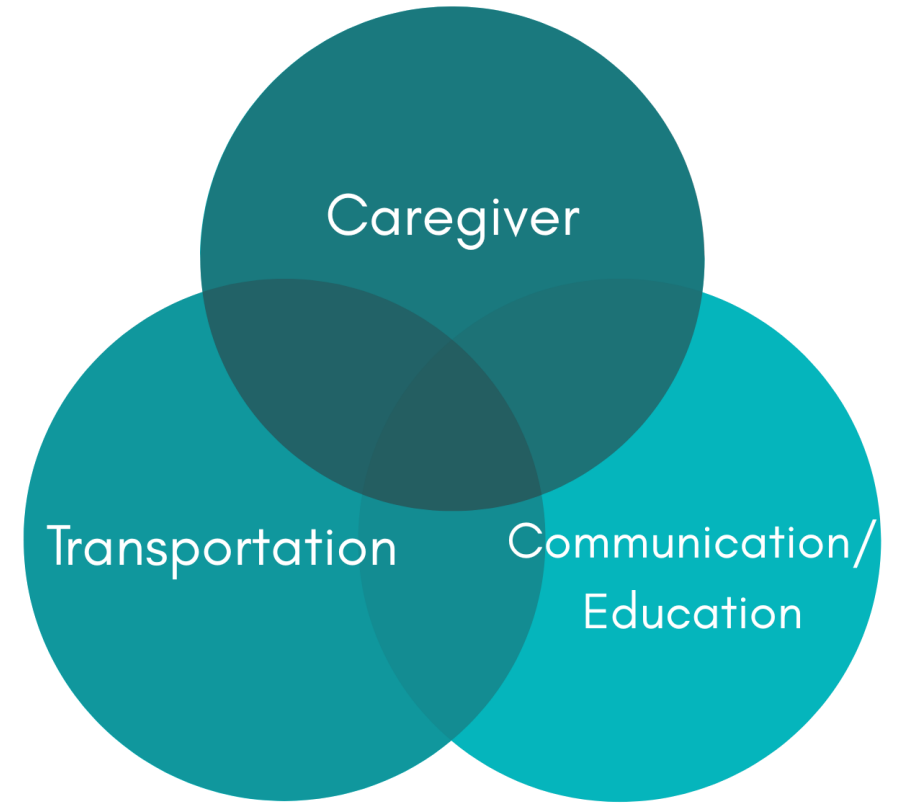
Implementation Challenges

- After addressing transportation, new barriers emerged:
 - No caregiver availability prevented colonoscopy completion
 - Some patients missed rides due to scheduling confusion or lack of awareness
 - Scheduling rides months in advance led to no-shows



Lessons learned

- Addressing transportation alone is insufficient for screening completion
- Barriers such as transportation, caregiver support, and communication are interconnected and must be addressed together
- Consider the time gap between follow-up appointments
- Clinics should emphasize holistic, multi-level support, including patient navigation, education, and caregiver linkage to promote screening completion
- Reinforces the importance of multi-level, system-wide interventions that remove both logistical and social barriers



Next Steps

- CRC screening added to North Louisiana Mobile Van – expanding access to rural residents
- Partnering with Community Health Workers (CHWs) to accompany patients lacking caregivers
- Increasing marketing and patient awareness through posters, brochures, and community events.
- Uber Health expansion for test kit delivery and return logistics
- Ongoing evaluation through Screen Up's annual data monitoring process

Acknowledgements

- CDC Colorectal Cancer Control Program (CRCCP)
- Uber Health
- Screen up staff and clinic partners



Thank You



Best Practices and Successes to Address Transportation Barriers to CRC Screening

Miranda Hart MD
Senior Medical Director of Integrated Primary Care
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Disclosures: Erie Family Health Centers received a small grant from Exact Sciences to support CRC screening work. I have no additional personal disclosures to share.



Introduction to Erie Family Health Centers

Updated April 2025

Community-Based Healthcare for All





**We believe
healthcare
is a human
right.**

Erie provides care for people with insurance, without insurance, and regardless of immigration status.



We provide full-service, affordable primary care to children, teens, adults, seniors, and expectant parents.



We are a part of the community.

- We provide care at **13** locations in historically under resourced communities in Chicago, Evanston, and Waukegan, including in 5 Chicago Public Schools.
- We provide more than **375,000** visits annually for over **95,000** patients.



We have the highest quality standards.

Our community health centers are quality ranked:

- **In the top 10%** of community health centers nationally
- **#1 in quality** in Illinois

At Erie Family Health Centers

We serve...



95,000+

Patients regardless of ability to pay

90%

With incomes under
200% of the FPL

49%

non-English
speaking

70%

Latino/Latina

64%

Medicaid

22%

Uninsured

44%

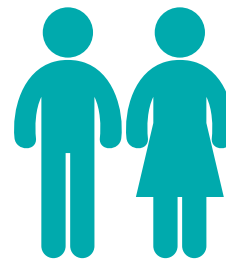
Under 18 years old



417,000+

patient visits annually

We employ...



820+

staff members

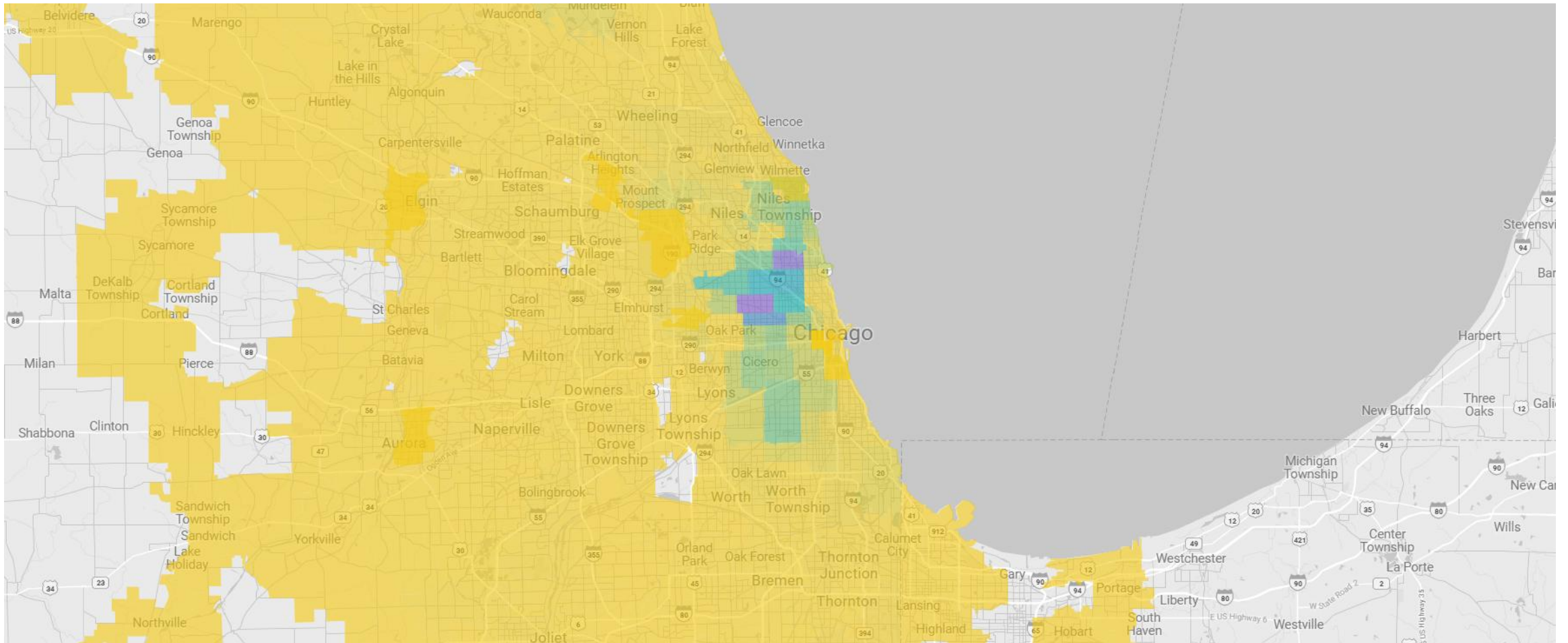
We train...



218+

providers and
healthcare workers

Erie patients come from 484 zip codes across Illinois, Wisconsin and Indiana



Reducing transportation barriers to CRC screening with fecal testing



Fecal testing can be done in the privacy of one's own home



Bulk-ordered kits can either be mailed (FIT) or delivered by UPS (Fit-DNA) to patient's homes, making even a visit to the clinic unnecessary



Test kits can be dropped in the mail (FIT) or picked up by UPS directly from the patient's homes (FIT-DNA)

Navigation to Colonoscopy

- In 2024 Erie established a Health Outreach team to support patients in accessing colonoscopy, whether ordered because of a positive fecal test or because of inherent high risk for colon cancer (family history, history of polyps) to reduce barriers due to:
 - Transportation
 - Language barriers
 - Health literacy/general literacy
 - Need for caregiver
 - Insurance status

Working with Community Partners

- We can't be everywhere or do everything!
- Support for patients to arrange for transportation with managed care plans
- Uber Health provided transportation for patients to get to colonoscopy appointments for uninsured patients
- Establishing connections with organizations such as Taller de José in Chicago – provides accompaniment and support to patients navigating health systems and other social services, and can accompany patients to colonoscopy

Navigation works

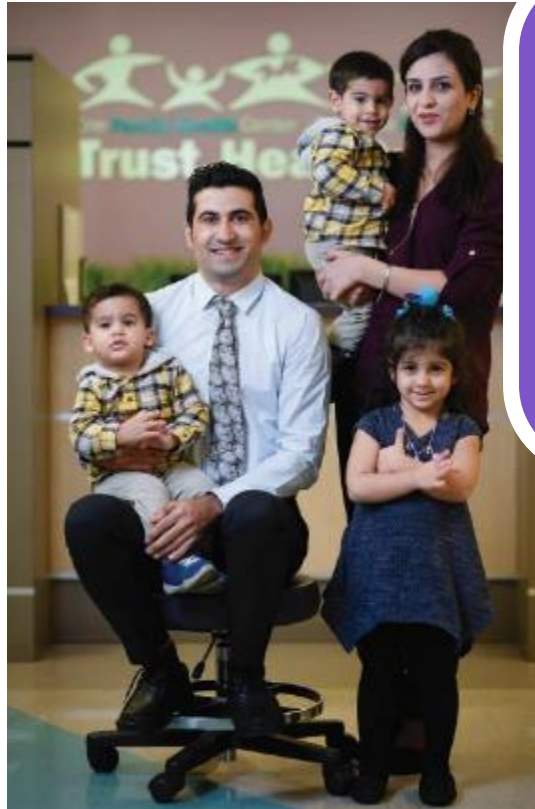
- Statistically significant increase in colonoscopy completion rate from 42% to 62.9%
- Decrease in time to colonoscopy from 107 days to 97.29 days on average (not statistically significant)

Joshua Freeman, DO¹, Miranda Hart, MD². P4788 - The Impact of a Patient Navigation System on Colonoscopy Completion Rates, ACG 2025 Annual Scientific Meeting Abstracts. Phoenix, AZ: American College of Gastroenterology.



Achieving Success by Lowering Barriers to Screening

Measure Name	2023	2024	2025	Target	90 th Percentile for UDS
Colorectal Cancer Screening	49%	62%	67%	51%	60%



Thank You!





Melissa Memorial

HOSPITAL

Jayden Miracle MS, HSA and Mary Kay Knode, LPN

Disclosure

A thick, hand-drawn style orange line that spans the width of the slide, positioned below the title.

We have nothing to disclose for this presentation.

What was the need?



Community needs assessment showed high burden of transportation issues in our rural community



Patients need access to primary and specialty care services



Focused effort on encouraging patients to receive needed colon cancer screenings



Funds were received through community support

Our Organization Supported...



We purchased a nonmedical transport van to bridge transportation barriers in our community



The objective was to:

Improve access to quality care

Reduce health disparities

Improve quality care outcomes for patients

Ensure patients are not delaying care due to transportation issues

About Our Service

- Our nonmedical transport vehicle takes patients to and from appointments. We transport our established patients to Denver for surgeries and specialist appointments totaling approximately 160 miles one way. We also utilize it to bring patients to our facility for primary care, preventative health screenings and other specialized services such as rehab, chemo, and wound care.



Thank You



Hutchinson Institute for
Cancer Outcomes Research

Rideshare for Endoscopic Procedures

Ari Bell-Brown, MPH

Collaborative Science Manager

Hutchinson Institute for Cancer Outcomes Research

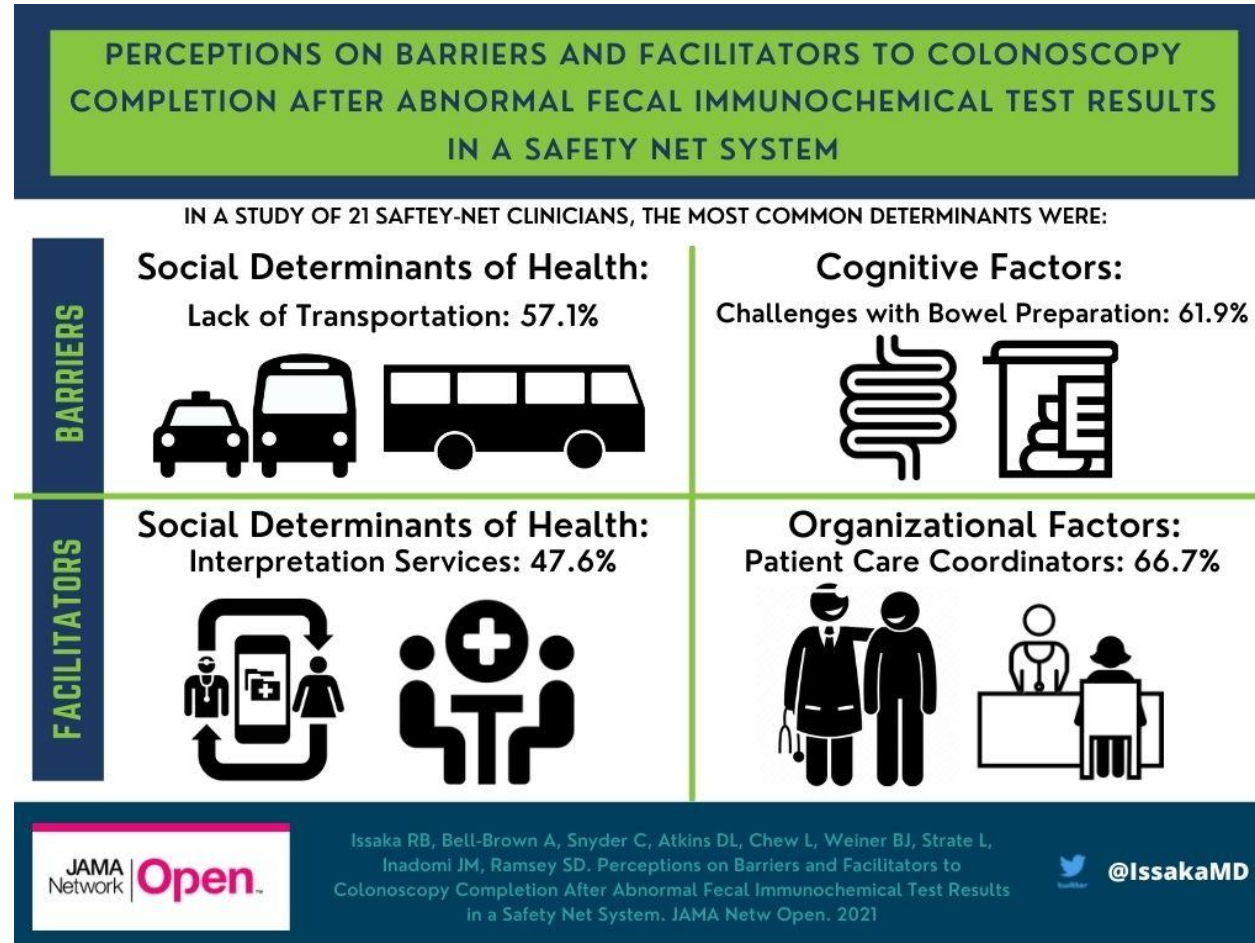
Issaka Lab, Fred Hutchinson Cancer Center

November 20, 2025

Disclosures

I have no disclosures

Transportation is a significant barrier to colonoscopy completion



“I overheard another provider saying – their patient found someone and just paid them money to come with him. He just found a random person on the street and gave them \$40”

- Participant



Rideshare platforms could help address transportation barriers



Infrastructure



Technology



Payment



Safety & Trust



Endoscopy units prohibit the use of rideshare after sedation



Policies restricted the use of rideshare after sedation



Risk, liability and patient safety concerns from legal



Medical practice change can move at a slow pace

Operationalizing a rideshare intervention

Operationalizing rideshare for endoscopic procedure completion

Informal stakeholder engagement meetings

- Aug 2020 - Aug 2021
- 22 data collection points from 34 individuals
- Storyboards to engage stakeholders
- Nominal group technique with 5 stakeholders to finalize the rideshare NEMT workflow

Stakeholders				
Patient(s)	Chief of Anesthesia	Endoscopy Business Operations Supervisor	Risk Management & Compliance	Health System Contracting
Primary Care & Ambulatory Care Medical Directors	Chief of Nursing	Patient Care Coordinators	Infection Prevention	Rideshare Healthcare Senior Manager
Gastroenterology Medical Director	Procedural Unit Nurse Manager	Endoscopy Nurses	Social Work	Rideshare Contracting
State Healthcare Authority	Managers of Healthcare System Transportation Vendors			

Story boards can enhance cross-disciplinary communications



William, a 60-year-old man, receives a phone call from his doctor. His fecal immunochemical test (FIT) result is abnormal, and she advises him to schedule a colonoscopy.

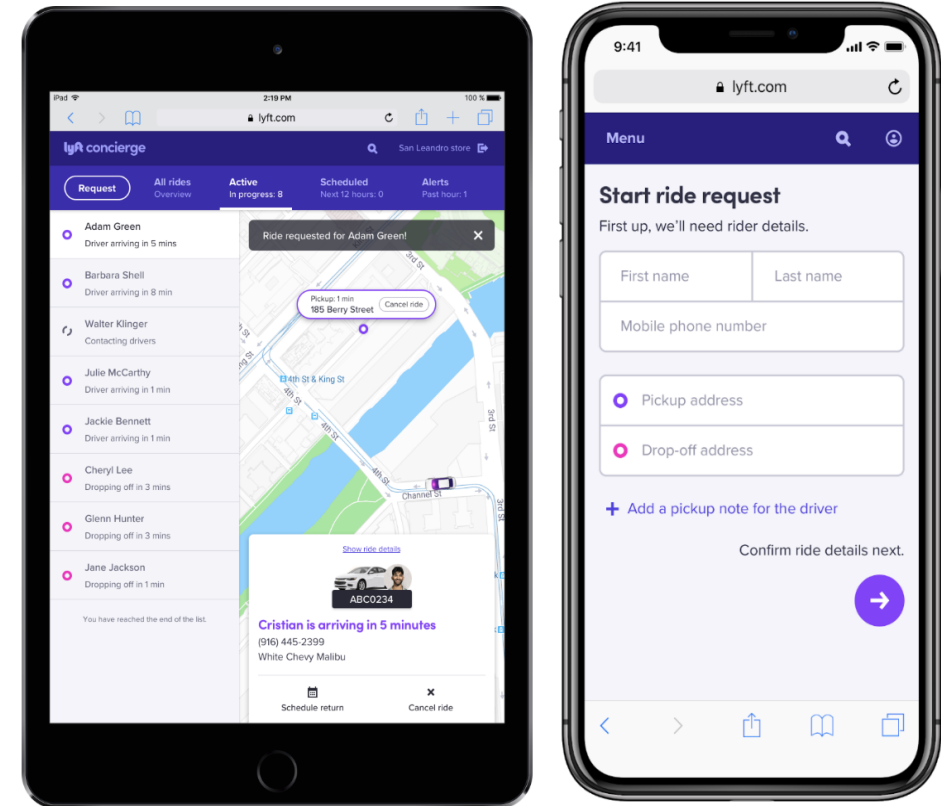
Lyft Concierge for non-emergency medical transportation

What is Lyft Concierge?

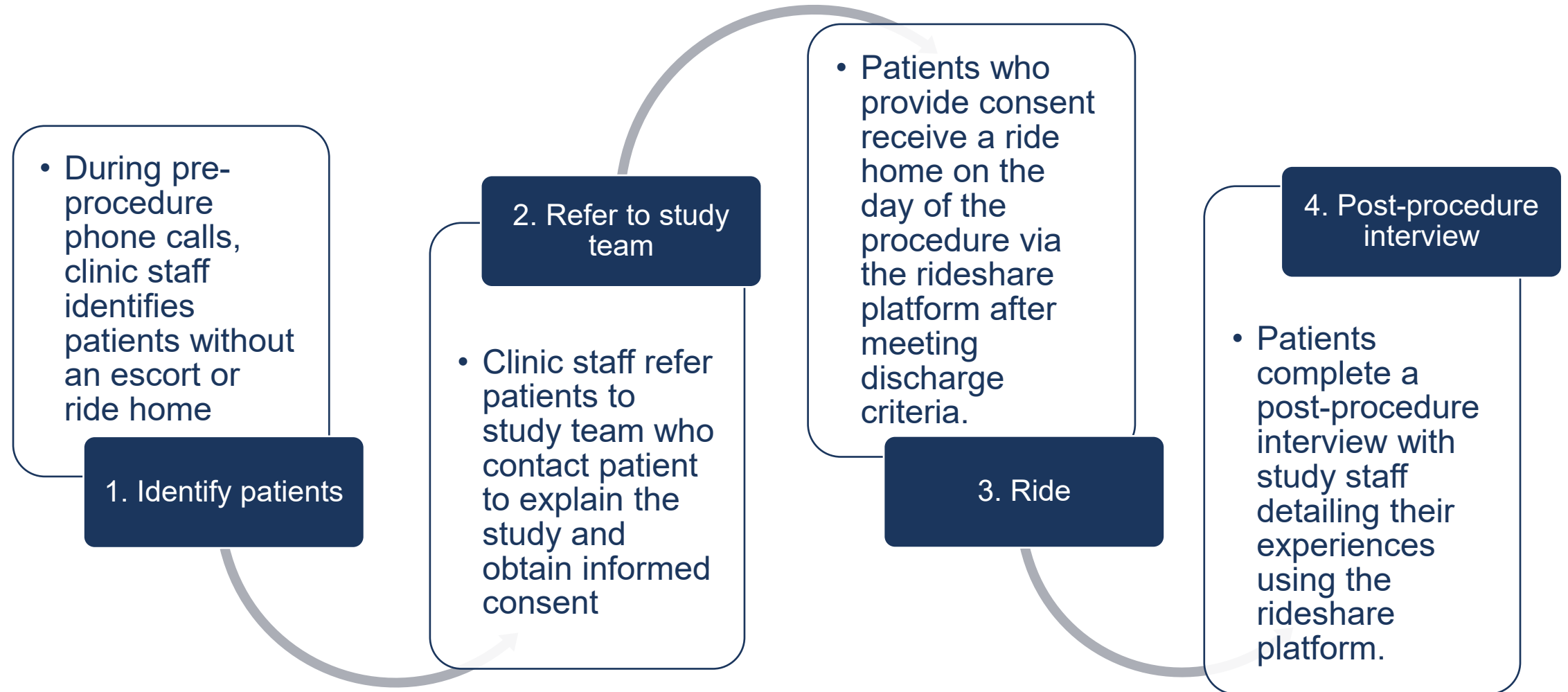
- White glove dispatch service in which you can call a ride on behalf of someone else
- Web-based, mobile enabled format

What does Lyft Concierge do?

- Call a ride in real time or up to seven days in advance
- Individual receiving the ride does not need to have the Lyft app
- Communication via SMS, workarounds for patients without phones



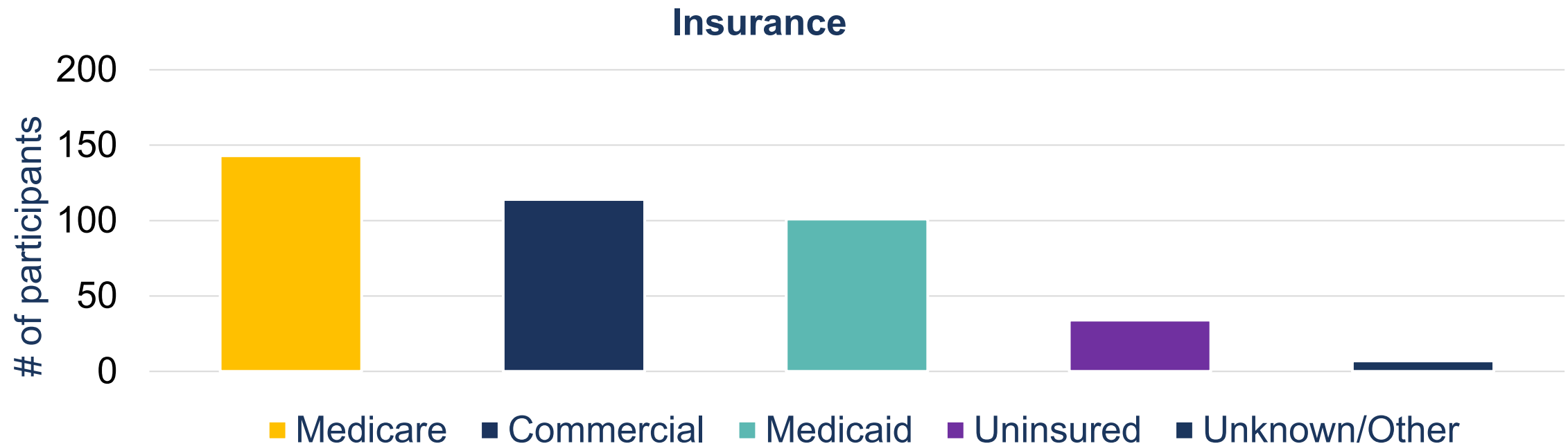
Rideshare pilot program- study workflow



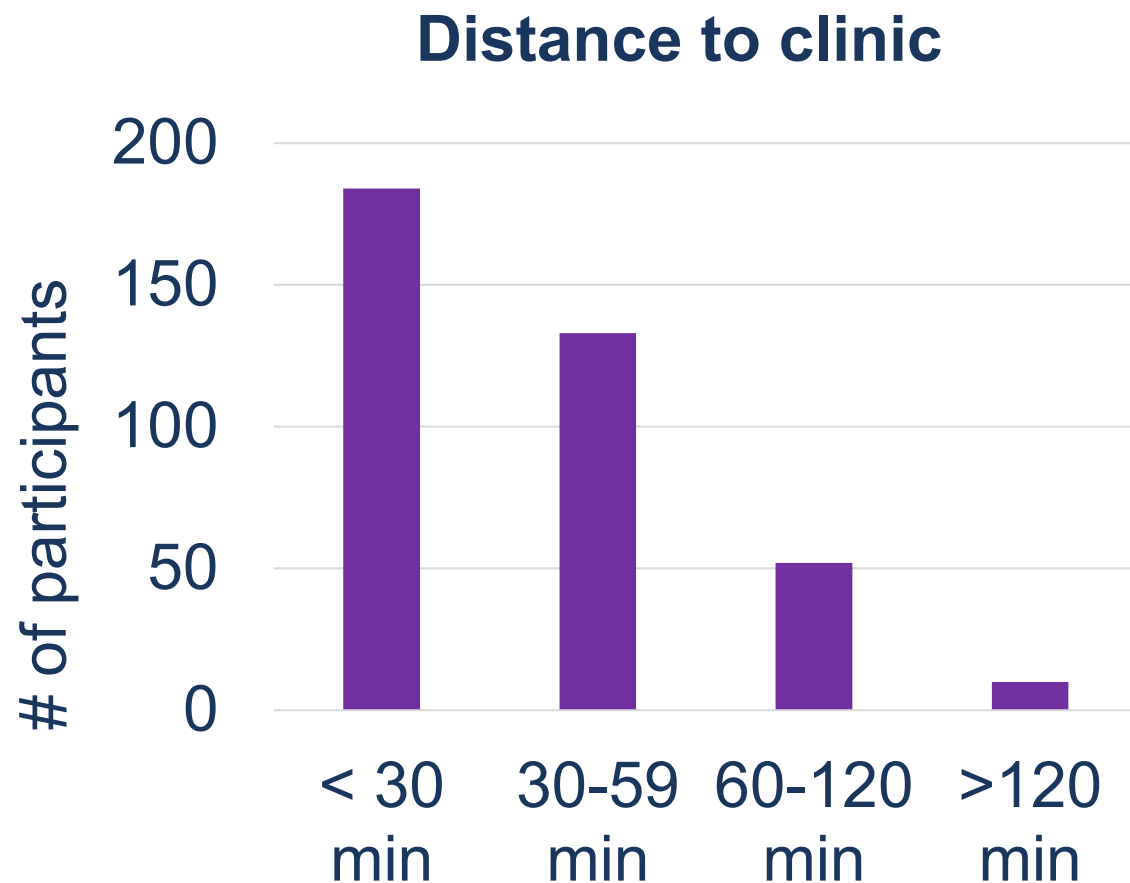
Rideshare pilot - results

Rideshare pilot program – results to date

- Between 2/2022 – 4/2025, **399** patients consented, and **329** rides were completed
 - Majority are men (69%) and primarily speak English (88%)
 - 56% self-identified as White, 20% Black, 10% Asian, 4% as multi-racial, and 2% AI/AN
 - 13% self-identified as Hispanic



Rideshare pilot program – results to date



- The average ride cost: **\$39.53** (\$8.99 to \$244.99)
- The ride median (IQR) distance: **4.70 mi** (1.78-11.59)
- The median (IQR) ride length: **17.87 mins** (12.93-27.60)

Rideshare pilot program – safety and experience

- ***All patients got to their intended destination safely***

“It’s very flexible, like the patient gets dressed, I’d go online, I’d put it in, and the driver would be downstairs with just a few minutes, I was very impressed with how quick that service was once you initiated.”
- Discharge Nurse

“I don’t really have friends and family...I would have had to find somebody who I don’t know very well to pay them to pick me up.”
- Participant

“I had a primary care patient of mine have a colonoscopy recently which wouldn’t have been possible without the program. He is immunosuppressed and had more than 20 polyps on his first colonoscopy. Thanks for preventing a colon cancer!”
– Primary Care Provider

Conclusions and Future Directions

- Transportation is a persistent barrier to colonoscopy completion (initial screening, follow-up of abnormal non-invasive tests, surveillance of polyps and other indications)
- Addressing transportation barriers could improve overall outcomes and address persistent disparities in CRC
- In an academic-community healthcare system, a rideshare NEMT intervention was safe and addressed transportation barriers
- Next steps: We will integrate rideshare into a **Multilevel Intervention** to help patients with abnormal non-invasive CRC screening tests complete a follow-up colonoscopy (*Issaka R37 – PROACT*)

Acknowledgments

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Team

- Talor Hopkins, MA
- Michelle Ndugulile
- HMC/UW GI Nurses and Care Coordinators
- Fred Hutch/UW Medicine CRC Screening Program





Thank you



Questions