Concurrent Session 3: Strategies to Promote Colorectal Cancer Screening in Under-represented Communities

November 17, 2020
3:45 to 4:35 p.m. EST
A Patient-Centered Intervention Using Virtual Human Technology to Reduce Colorectal Cancer Disparities in Primary Care

11/17/20
Janice Krieger, PhD
Professor, Advertising, College of Journalism and Communications
Professor, Health Outcomes & Biomedical Informatics, College of Medicine
Program Co-Director, Cancer Population Sciences, UF Cancer Center
Inequities Associated with CRC

Rate of New Cases per 100,000 Persons by Race/Ethnicity & Sex: Colorectal Cancer

- **Male**
  - All Races: 43.7
  - White: 43.0
  - Black: 51.3
  - Asian / Pacific Islander: 37.9
  - American Indian / Alaska Native: 40.4
  - Hispanic: 39.6
  - Non-Hispanic: 44.5

- **Female**
  - All Races: 33.6
  - White: 33.3
  - Black: 38.2
  - Asian / Pacific Islander: 26.8
  - American Indian / Alaska Native: 37.9
  - Hispanic: 29.2
  - Non-Hispanic: 34.3

SEER 21 2013-2017, Age-Adjusted

Death Rate per 100,000 Persons by Race/Ethnicity & Sex: Colorectal Cancer

- **Male**
  - All Races: 16.3
  - White: 15.9
  - Black: 22.5
  - Asian / Pacific Islander: 11.2
  - American Indian / Alaska Native: 18.5
  - Hispanic: 14.0
  - Non-Hispanic: 16.6

- **Female**
  - All Races: 11.5
  - White: 11.3
  - Black: 14.8
  - Asian / Pacific Islander: 7.9
  - American Indian / Alaska Native: 12.4
  - Hispanic: 8.6
  - Non-Hispanic: 11.8

U.S. 2014–2018, Age-Adjusted


For more information contact Dr. Eric Cooks at ecooks@ufl.edu
CRC SCREENING AND COVID

- CAN BE DONE REMOTELY
- EFFECTIVE
- ADDRESSES BARRIERS OF FEAR OF COVID AND ACCESS TO CARE
- ENCOURAGES PATIENT COMPLIANCE

For more information contact Dr. Eric Cooks at ecooks@ufl.edu
Precision Messaging

- Right Message
- Right Person
- Right Place
- Right Time
- Right Channel

For more information contact Dr. Eric Cooks at ecooks@ufl.edu
Virtual Human Technology

BENEFITS:

• CUSTOMIZABLE MESSAGES
• REDUCES BARRIERS
• DEMONSTRATES CORRECT STOOL COLLECTION

For more information contact Dr. Eric Cooks at ecooks@ufl.edu
Objective

Increase colorectal cancer screening among minority and rural populations

**Patient-Centered**
- Focuses on FIT
- Low-cost
- Non-invasive
- Saves time
- Reduces embarrassment

**Tailored Messaging**
- Customized intervention content
- Personally relevant to the participant
- Lasting effect
- Follow-up messages

**Delivered by a Virtual Health Assistant**
- Demographically matched
- Educates patients about screening
- Reminds patients outside of clinic setting
- Improves HCP communication with patients

For more information contact Dr. Eric Cooks at ecooks@ufl.edu
Development & Implementation

- COLLABORATIVE, ITERATIVE APPROACH
  - "Fail Fast"
- COMMUNITY INVOLVEMENT AND USER FEEDBACK
  - Focus groups and think-aloud interviews
- CCAB

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PRELIMINARY FINDINGS

• RACIAL CONCORDANCE OF VIRTUAL PHYSICIAN
• IMPORTANCE OF SELF-EFFICACY
• MULTIPLE RECRUITMENT METHODS FOR CLINIC WORKFLOW INTEGRATION
• BARRIERS TO DEVELOPMENT OF SPANISH-SPEAKING VHA

For more information contact Dr. Eric Cooks at ecooks@ufl.edu
10 – sec clip of Hispanic VHA

For more information contact Dr. Eric Cooks at ecooks@ufl.edu
Contact

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Addressing Colorectal Cancer Screenings In Our Vulnerable Population

Health Care for the Homeless - Baltimore

November 17th, 2020
Health Care for the Homeless, Baltimore

1. Care with dignity for 9,300 people/year
2. 3 main clinic sites, mobile van, respite care
3. Services include medical, behavioral health, psychiatry, dental, case management, community health workers, & housing
4. NCQA PCMH-recognized FQHC offering co-located, integrated care teams
5. Advocate for quality health care, affordable housing and livable incomes for all
6. 2020 Strategic Goal: As a result of our care, the health outcomes of our clients will rival the health outcomes of a stably housed population
Cancer Screenings and our Population

- Cancer is common, but even more common in the homeless population. **Cancer-related death is twice as common for people experiencing homelessness as it is for the average for the adult U.S. population**¹

- Significant barriers to screening in our population:
  - Lack of insurance; competing priorities; lack of knowledge about importance or process; anticipated discomfort or misperceptions²

- Cancer screenings detect, prevent, and can cure cancer when caught early

- Our screening rates were low compared to other FQHCs, so we prioritized improving colorectal cancer screening in 2016 and cervical cancer screening in 2017

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# 2020 Demographic Data by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th># of Clients</th>
<th>% of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African American</td>
<td>4325</td>
<td>53.3%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>1997</td>
<td>24.6%</td>
</tr>
<tr>
<td>White</td>
<td>1184</td>
<td>14.6%</td>
</tr>
<tr>
<td>More than one race</td>
<td>189</td>
<td>2.3%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>90</td>
<td>1.1%</td>
</tr>
<tr>
<td>Patient Declined</td>
<td>72</td>
<td>0.9%</td>
</tr>
<tr>
<td>Other</td>
<td>57</td>
<td>0.7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>49</td>
<td>0.6%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>43</td>
<td>0.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>32</td>
<td>0.4%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>32</td>
<td>0.4%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>31</td>
<td>0.4%</td>
</tr>
<tr>
<td>Native Hawaiian or other Pacific Islander</td>
<td>7</td>
<td>0.1%</td>
</tr>
<tr>
<td>Native American</td>
<td>1</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>8109</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Language</th>
<th># of Clients</th>
<th>% of Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>6000</td>
<td>74.0%</td>
</tr>
<tr>
<td>Spanish</td>
<td>2049</td>
<td>25.3%</td>
</tr>
<tr>
<td>Other</td>
<td>49</td>
<td>0.6%</td>
</tr>
<tr>
<td>Unknown</td>
<td>11</td>
<td>0.1%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>8109</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>
## Overview of Initiatives

### Setting the Culture
- Clinical Leadership buy-in
- Performance improvement goal and staff involvement across disciplines/roles

### Developing Tools + Training
- Preventive Health Tracker
- Standardize CMA, RN, and CHW workflows
- Standing orders
- Cancer screening competencies
- Preventive needs addressed first

### Improving Access
- Preventive Health Education at groups
- Women’s Health Day
- Choice between FITs and colonoscopies
- Calls to clients past-due for screenings

### Addressing SDoH
- Gift card incentives
- FIT mail-ins
- Colonoscopy Prep Bags
- Creating low lit bowel prep instructions
- Patient Navigation Program
- Community Health Workers

### Engaging Clients
- Client voice throughout this change process
Standing order added
Staff Competition
Client Incentives
Outreach Calls
Preventive Health Tracker
Mailing FITs
Patient Navigation
process developed

HCH Colorectal Cancer Screening Rate
July 2016 - October 2019

Goal = 55%
Average = 55%
HCH Colorectal Cancer Screening Rates
January 2019 - October 2020

Percentage of Medical clients screened

Month

Mailing campaign
COVID-19

UCL
CL
LCL

Preventive Health Tracker

A form in our EMR that consolidates health information r/t preventive health measures onto one page for easier tracking by our medical team members.

<table>
<thead>
<tr>
<th>Preventive Health</th>
<th>Last Result</th>
<th>Date</th>
<th>Due</th>
<th>Status</th>
<th>Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Colorectal</td>
<td>FIT</td>
<td>09/23/2016</td>
<td>06/23/2017</td>
<td>DUE NOW</td>
<td>CRC</td>
</tr>
<tr>
<td>2 Breast</td>
<td>2-2 timer</td>
<td>09/23/2016</td>
<td>06/23/2017</td>
<td>Current</td>
<td></td>
</tr>
<tr>
<td>3 Cervical</td>
<td>NIL/Cervical</td>
<td>12/1/2016</td>
<td></td>
<td>NOT REQUIRED</td>
<td></td>
</tr>
</tbody>
</table>

**Key**
1 = Type of cancer screening/last result/date last completed/date due/status/whether client declined screening or deferred to a later date
2 = Vaccinations and associated dates
3 = Relevant lab tests
4 = Referrals that have already been ordered and are incomplete
5 = Tests/labs that have already been ordered and are incomplete
6 = Link to agency policy for RN/CMA standing orders for CRC screening
Campaign – Informing in a way that promotes medical trust

Colorectal cancer screenings save lives.

“Don’t have a family history of cancer? You could still get cancer!”

There are more ways than one to get screened for colorectal cancer. If you’re 50-75 years old, ask your doctor or nurse about getting screened, or get scheduled with a CMA today.

Ask your medical team for more information!

Get the screening done now and receive a $7.50 Subway gift card!

A message from your provider....

“Don’t think you could ever get colorectal cancer? Think again.”

Colorectal cancer is the third most common cancer. Getting a screening could save your life.

A screening can be as simple as collecting a stool sample. If you’re 50-75 years old, ask your doctor or CMA about getting screened.

Get the screening done now and receive a Subway gift card (value: $7.50)!
Spotlight: Community Health Workers + GI Clinic Partnership

Problem: 60 - 70% no-show rate to GI clinic for colonoscopy consult

Change idea: Have CHW team assist with navigation to GI clinic appointments
Spotlight: Patient Navigation for Colonoscopies

Problem: Our external partnership for providing patient navigation for colonoscopy completion was failing

Change Idea: Utilize our internal resources to supply client navigation. Nurses screen and identify barriers, then address needs

Provider refers client to RN for colonoscopy navigation

RN consult prep visit. RN assesses barriers.

Client goes to GI specialist

RN Colonoscopy prep visit. RN Assesses barriers.

Client completes colonoscopy

CHW support if needed

CHW/CCP support if needed
Lessons Learned

- Make it easy to do the right thing
- It’s ok to fail
- Acknowledge/capitalize on our strengths
- Break the work up into short-term and long-term goals
- See through the eyes of our clients
- Create a culture of prioritizing preventive care
- Train, Train, Train
- Pilots are great
- It takes a village
Future Work

• Have additional FIT mailing campaigns for telehealth clients.
• HCH-Baltimore recently formed an internal committee to discuss/promote racial equity
• 2021 PI plan: To break down our metrics by race/ethnicity in an effort to identify any disparities that might exist so we can address them
Tracy Russell, MSN, BSN, RN
trussell@hchmd.org
Education Entertainment and Colorectal Cancer Prevention

Roshanda S. Chenier, Ed.D.

Dan L Duncan Comprehensive Cancer Center
Baylor College of Medicine
Office of Outreach and Health Disparities

November 17, 2020
Disparities in utilization of cancer screening tests continue to contribute to the increased burden of colorectal (CRC) in medically underserved minority populations.

Group education and evidence-based interventions are recommended to promote screening test utilization. Innovative strategies are needed to disseminate educational messages in a culturally sensitive manner.

We developed a community theater program designed to promote CRC screening among medically underserved Hispanic, African American, and Vietnamese communities in communities in the greater Houston area and 8 surrounding counties (Austin, Waller, Montgomery, Liberty, Chambers, Fort Bend, Galveston, and Brazoria; as well as to promote linking attendees to possible sources of care.
Theater Outreach Program (TOP)

- Works with local playwrights to develop culturally and linguistically appropriate full-length plays and monologues.
- The OOHD collaborates with community organizations to host plays and monologues for underserved populations in areas where there are high incidences of cancer.
- The OOHD sponsors one play and two colorectal cancer monologues to raise awareness about colorectal cancer and educate about prevention.
<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Hispanic</th>
<th>African American</th>
<th>Vietnamese</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast Cancer</td>
<td><em>No Será Mi Pesadilla</em> (monologue)</td>
<td><em>Up Front With the Girls</em> (monologue),</td>
<td><em>Pink Meets the Wise, Wise East</em> (monologue)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>Before Time Runs Out</em> (full-length play)</td>
<td></td>
</tr>
<tr>
<td>Cervical Cancer</td>
<td><em>Mi Decisión</em> (monologue)</td>
<td><em>A Well-Tuned Engine</em> (monologue)</td>
<td><em>My Friends’ Health is My Business</em> (monologue)</td>
</tr>
<tr>
<td>Colorectal Cancer</td>
<td><em>La Vida es un Sueño</em> (monologue)</td>
<td><em>The Bottom Line</em> (monologue),</td>
<td><em>Uncle Vu Has the Answer</em> (monologue)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><em>The Marriage Test</em> (full-length play)</td>
<td></td>
</tr>
<tr>
<td>HPV Vaccine</td>
<td><em>Se Acabaron Las Vacaciones</em> (monologue)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Live performances
- Broadcast on VieTV

[YouTube.com/BCMweb](https://www.youtube.com/BCMweb)
Components of “Live” Monologue Experiences

1. Promotional flyers to promote monologues
2. Monologue performance (10-15 minutes)
   a. Cancer site specific
   b. performed by a professional actress/actor
3. Program (playbill) including cancer prevention information
4. Anonymous survey (pre- and post-performance)
5. Q & A session with healthcare professional
6. Table with educational printed materials and giveaways
7. Access navigation to obtain services (screening) in collaboration with clinical partners
Marketing Materials and Playbills
Proportion of participants indicating that they are “very likely” to seek colorectal cancer screening test

African American Colorectal Cancer Monologue/Play

- Before: 47%
- After: 58%

Hispanic Colorectal Cancer Monologue

- Before: 44%
- After: 53%
The COVID-19 pandemic has impacted everyone

- Screenings have been delayed
- Large groups are not able to congregate
- Outreach efforts needed to change to meet the “new normal”

A Paradigm Shift for Education Outreach
• Have a realistic goal for number of attendees
• Assign key roles to members of the team to facilitate the webinar; create house rules for the day of the event
• Cross promote with collaborators through various forms of media
• Participants must register
• Practice with all collaborators and panelist to ensure a successful webinar
• Prepare for a maximum of 1 hour for entire webinar
• Expert doctor presentation (15 minutes)
  • Q&A (13 minutes)
  • Link/QR Code for Evaluation
  • Closure
FACULTY AND STAFF

Faculty

➢ Maria Jibaja-Weiss, EdD
  • Director, Office of Outreach and Health Disparities at the Dan L Duncan Comprehensive Cancer Center

➢ Jane Montealegre, PhD
  • Deputy Director, Office of Outreach and Health Disparities, Dan L Duncan Comprehensive Cancer Center

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➢ Susan Parker, MPH
  • Research Associate, Office of Outreach and Health Disparities, Dan L Duncan Comprehensive Cancer Center

➢ Ricky Valdes, MS
  • Data Manager, Office of Outreach and Health Disparities, Dan L Duncan Comprehensive Cancer Center
Thank You

To access resources and more information, connect with us:

- bcm.edu/cancercenter/prevention
- @bcmcancereducation
- Youtube.com/BCMweb
- @BCM_CancerEd

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