STUDYING COLORECTAL CANCER SCREENING AND FOLLOW UP IN RURAL COLORADO

Presented to the Fight CRC community

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Division of General Internal Medicine
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO **ANSCHUTZ MEDICAL CAMPUS**

OBJECTIVES

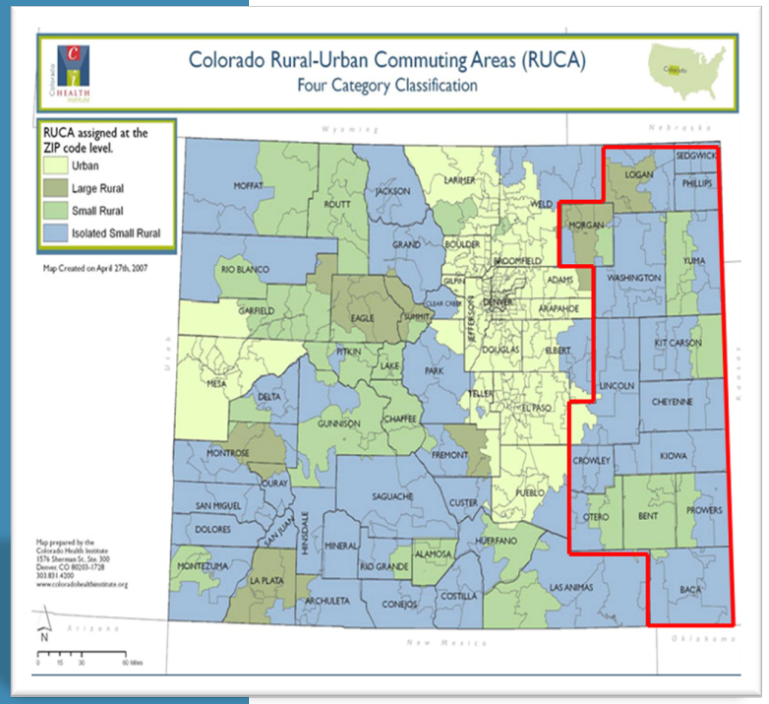
- Share my experience of studying colorectal cancer screening in rural Colorado
- Discuss areas of opportunity to help with rural colon cancer screening and follow up

WORK IN COLORADO: SCREENING

Led by Family Medicine team in partnership with the High Plains Research Network Community Advisory Council

A multimodal intervention utilizing community based participatory methods throughout

Materials included Spanish language versions, since a significant proportion were Spanish language speakers



Testing to Prevent Colon Cancer: Results From a Rural Community Intervention

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ABSTRACT

PURPOSE Colon cancer is the second leading cause of cancer death in the United States. Despite tests that can detect and enable removal of precancerous polyps, effectively preventing this disease, screening for colon cancer lags behind other cancer screening. The purpose of this study was to develop and test a community-based participatory approach to increase colon cancer screening.

METHODS Using a community-based participatory research approach, the High Plains Research Network and their Community Advisory Council developed a multicomponent intervention—Testing to Prevent Colon Cancer—to increase colon cancer screening. A controlled trial compared 9 intervention counties in northeast Colorado with 7 control counties in southeast Colorado. We performed a baseline and postintervention random digit–dial telephone survey and conducted both intent-to-treat and on-treatment analyses.

RESULTS In all, 1,050 community members completed a preintervention questionnaire and 1,048 completed a postintervention questionnaire. During the study period, there was a 5% absolute increase in the proportion of respondents who reported ever having had any test in the intervention region (from 76% to 81%) compared with no increase in the control region (77% at both time points) ($P = .22$). No significant differences between these groups were found in terms of being up to date generally or on specific tests. The extent of exposure to intervention materials was associated with a significant and cumulative increase in screening.

CONCLUSIONS This community-based multicomponent intervention engaged hundreds of community members in wide dissemination aimed at increasing

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Knowledge, Attitudes, Beliefs, and Personal Practices Regarding Colorectal Cancer Screening Among H Rural Colorado: A Pilot Survey

Sun Hee Rim MPH, Linda Zittleman MSPH, John M. Westfall Froshaug BS, Steven S. Coughlin PhD, MPH

First published: 22 June 2009 | https://doi.org/10.1111/j.17

Use of Colon Cancer Testing in Rural Colorado Primary Care Practices

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Predictors of Colorectal Screening in Rural Colorado: Testing to Prevent Colon Cancer in the High Plains Research Network

Walter F. Young PhD, MA, Joe McGloin MS, Linda Zittleman MSPH, David R. West PhD, John M. Westfall MD, MPH

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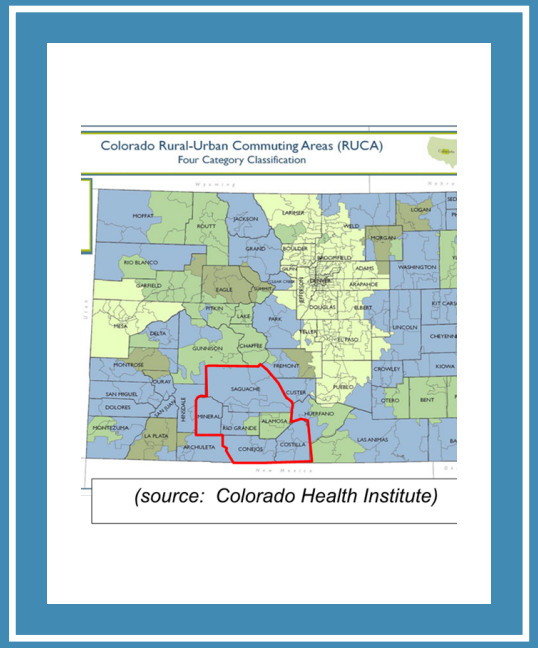
LESSONS LEARNED

- Rural screening rates (59%) comparable to urban screening, but still lower than recommended
- Strongest predictors of being UTD include having visited a provider in the last year and asking for a test, BUT
- Having a medical home not itself sufficient to improve intent to get screened. Factors with strongest correlation to increase intent include:
  - Having a doctor recommend a test
  - Knowing somebody who got tested
  - Family history of cancer
  - Belief that screening gives one a sense of control over their health

LESSONS LEARNED

- Financial concerns were a significant barrier
- Proximity to a facility that does screening procedures not necessarily a factor

WORK IN COLORADO: SURVIVORSHIP



- Qualitative work in the San Luis Valley; distinct historically and culturally from the HPRN
- Followed by a Boot Camp Translation project to develop materials that could help cancer survivors
- Family Medicine mentor and partnership with local advisory group
- Explored themes around what happens after a cancer diagnosis, but process begins with the diagnostic workup

LESSONS LEARNED

- A geographically defined rural region does not necessarily equate to integrated health care systems
- High turnover of medical providers/staff is a given
- Financial barriers are direct *and* indirect (transportation, time away from work for travel)
- Primary care providers and practices noted as a strength, though lack of specific cancer resources acknowledged. Many strengths noted!
- There is a "black hole" of information transfer between specialists and PCPs
- Some stigma/fear around screening, diagnosis

THEMES

- Cancer is a trigger for changes in relationships---with *others*, with *providers*, with ***self***
- Information is important, but needs to be tailored/made meaningful to all users
- Resources available may not be "one size fits all"
- Logistical/practical barriers are ever present
- How do we promote a sense of "volunteerism" and community support—*not just money, but time*
- It's important to know what to expect (over time); people may begin to lose confidence in what is normal versus what is "abnormal"
- Spiritual influences highly acknowledged

CURRENT ISSUES AND OPPORTUNITES

- Telehealth is here to stay, but does this have the potential to improve or to worsen disparities in care?
- Increasing menu of CRC screening options: stool based testing
- Increasing recognition of team based approaches for health promotion and proactive outreach
- EMR capabilities for information sharing, health maintenance tracking

THANK YOU!

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