High Point Colorectal Cancer Project
A Community Partnership to Implement a
Multi-level, Evidence-based Approach to Cancer Screening

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Our Intent

- To create a community/academic partnership to understand how to implement evidence-based interventions for increasing colorectal cancer screening rates using
  - Principles of Community-based Participatory Research
  - Evidence-based approaches from the
    - Community Guide to Preventive Services and the
    - US Preventive Services Task Force

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Our intervention needed to consider

- Four types of cancer care
  - Screening, detection, diagnosis and treatment
- Transitions or interactions necessary to go from one type of care to the other
- Recommended evidence-based approaches
- Multilevel contextual influences
  - National and State Policy
  - Local Community Environment
  - Practice Settings
  - Provider Teams
  - Individual Patients

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Our intervention also needed to address *Community Concerns*

- Were all CRC screening tests recommended by the USPSTF considered "equal"?
- Did the community have sufficient resources to implement a colonoscopy-based approach to screening?
- Did community members prefer one test over another?

- **Deal Breaker**: Would all positive screening tests be followed by diagnostic evaluation including a colonoscopy if needed and regardless of an individual's ability to pay?
- **If "no", the community would not participate.**

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High Point Partnership Goals

- Increase adoption of evidence-based CRC screening recommendations, particularly among populations that are
  - Under- and uninsured
  - African American
- Integrate the best available research evidence with professional expertise and preferences expressed by users in community and practice settings
- Share what we learn

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Multilevel Intervention Plan

- Practice Setting Level
  For average risk individuals age 50 and over who were not current for CRC screening
  - Provide clinician recommendation
  - Offer 3-sample Fecal Immunochemical Test (FIT)
  - Create Safety Net for individuals without ability to pay
- Individual Patient Level
  - Make the screening test more user friendly
  - Re-design FIT packaging as a small media intervention
- Research Question: Does re-designed FIT increase FIT return rate compared to usual FIT?

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Adaptations to Evidence-based Approaches to Address Low Access to Health Care

- Make Screening Test more User Friendly
  - Use FIT instead of FOBT ➔ lower false-positive rate
  - Re-design FIT packaging ➔ small media intervention
  - Include self-addressed stamped envelope ➔ facilitate return rates
- Distribute FIT at free and low-cost clinics and health fairs
- Notify all patients of their results. Positive results require face-to-face or telephone communication
- Refer all patients with a positive FIT for diagnostic follow-up
- Link patients who can't pay to free services for follow-up

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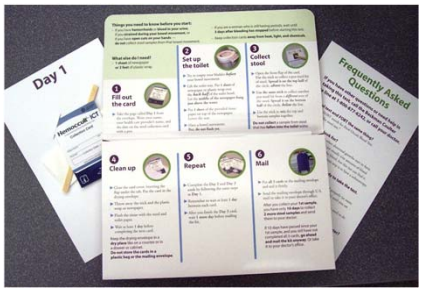
Redesign FIT Packaging

- Actual Kit to put everything "in", including drying envelope
- Fonts and graphics make instructions easier to read and understand
- Health messaging, FAQ and 1-800 number for help



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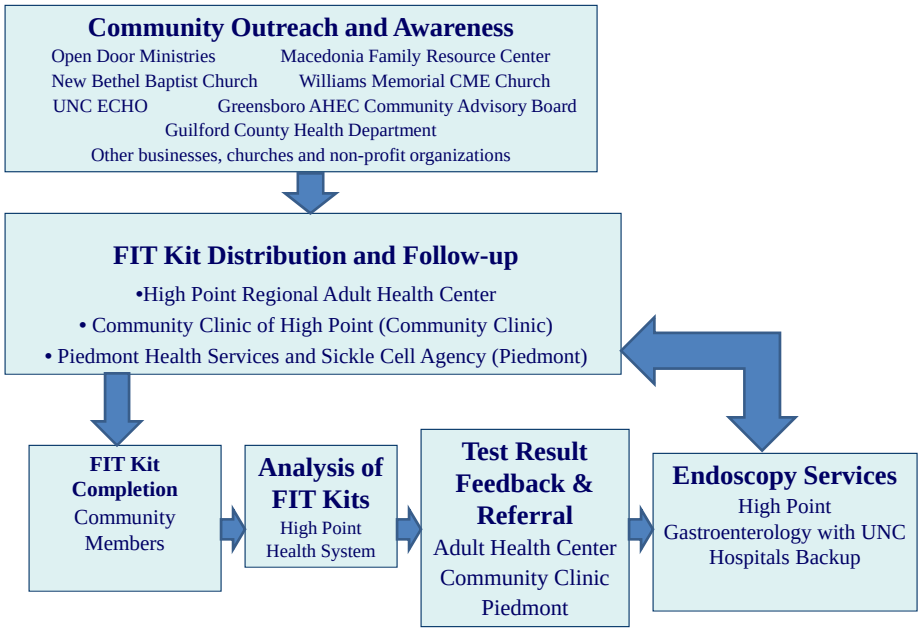
Partner Roles



Results -- Community

- Completed formative work with community providers and community groups to guide project study design and implementation
- Developed improved screening materials based on potential user input
- Demonstrated low income participants' willingness to enroll in both a CRC screening program based on FIT and a randomized control trial
- Confirmed that FIT is perceived as an *acceptable CRC screening method* by low-income, uninsured patients

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Results -- Practice

- Established that local endoscopy providers were able to provide no-cost follow-up colonoscopies for the small number of project participants returning a positive test, although they were reluctant to quantify their commitment to deliver free care
- Engaged partners met expectations for their role(s)
- Some study sites continue to screen with FIT

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Results – Individual Patient

- Achieved higher than expected FIT return rates overall
  - 65.4% return rate compared to 48% reported in literature (Ko, et al 2003)
- Effect of re-designed FIT Kit on return rates did not produce a statistically significant result overall
- African American individuals were more likely, though not statistically so, to return the re-designed FIT Kit than non-African American individuals
  - 71.7% for re-designed FIT Kit compared to 61.8% for usual FIT Kit

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Summary

- Community Partnerships are essential to develop and implement
  - Multi-level
  - Evidence-based Approaches to Cancer Screening and Program Implementation
- Other Work Underway
  - CRC ToolKit Project in Community Health Centers
  - HPV Project
  - U54 PO1 for CRC Screening in Guilford County

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Thank You Slide

- Partners
- Project Team
- Funders

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