

# The Community Cancer Screening Program™

## Evaluating a Patient-Navigation Program to Increase Colorectal Cancer Screening

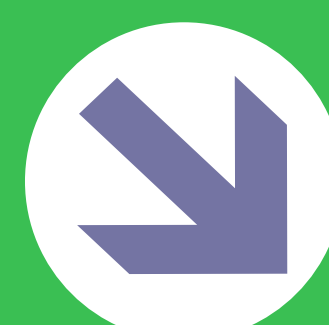
### WHY COLORECTAL CANCER SCREENING?



Colorectal Cancer (CRC) is the 3rd leading cause of death in the US and Georgia



Early detection through screening increases favorable outcomes



Medically underserved, uninsured, racial minority, low income, and rural populations have low CRC screening rates.



There are many barriers to CRC screenings that affect racial minority, low-income, and rural populations more than others.

### Why Southwest Georgia?

25% of residents live below the federal poverty line

Lower rates of educational attainment than the state as a whole

Higher CRC occurrence and death rates than the state of GA

Larger proportion of African Americans than GA as a whole

Southwest GA is a medically underserved region

Lower CRC screening rates than the state of GA

### Barriers Include:

Lack of Information	Emotional Factors
Logistics (cost, time)	Health System

### So we wanted to know:

Can a patient navigation program increase CRC screening among under and uninsured residents of Southwest Georgia?

### Key Terms

- **Colonoscopy:** preferred method of colorectal cancer (CRC) screening, used to detect and possibly prevent the cancer.
- **Medically underserved areas/populations:** are populations that have too few primary care providers, high infant mortality, high poverty or a high elderly population.
- **Federally Qualified Health Centers (FQHCs):** are community-based providers that receive funds to provide primary care services in underserved areas.

### WHAT DID WE DO?

Horizons Community Solutions developed the **Community Cancer Screening Program™ (CCSP)** to promote breast, cervical, prostate, and colorectal cancer screenings among patients at Federally Qualified Health Centers (FQHCs) and other clinics.

The Emory Prevention Research Center (EPRC) conducted a study at 13 FQHC clinics in rural areas in Southwest Georgia:



4 clinics received CCSP and 9 other clinics were used as the comparison group.



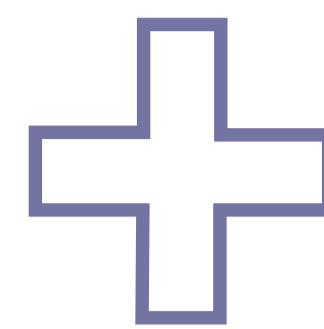
We reviewed medical charts to see if there were differences between patients who received CCSP (289) and those who didn't (520), over an 18 month period.



# WHAT DID WE DO? (cont.)

Trained CCSP professional health navigators addressed both patient and system-level barriers to screening by taking 2 approaches:

## Patient-centered approach:



## Healthcare system and providers approach:

Providing one-on one patient education and appointment reminders

Assisting patients in overcoming barriers to screening (e.g. costs, transportation, literacy)



Conducting chart audits to identify patients due for screening and managing the screening reminder system

Coordinating screenings and follow-up services

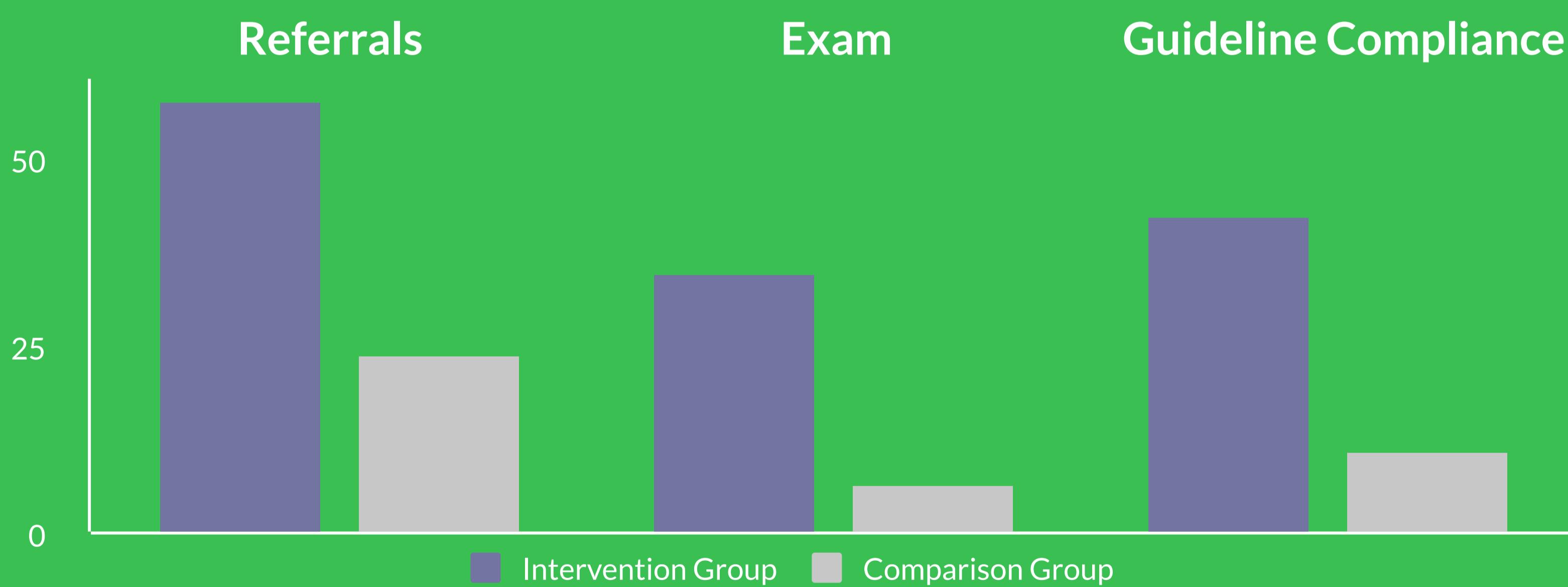
Ensuring that the follow-up appointments are entered into patient charts

Giving feedback to providers about their referral patterns

Establishing and maintaining clinical systems to identify and enroll patients into CCSP

# WHAT DID WE FIND?

We analyzed 3 main outcomes: *colonoscopy referral*, *colonoscopy exam*, and *patient compliance with screening guidelines*:



Patients who received the CCSP intervention were:

**5x**

More likely to receive a colonoscopy referral

**8x**

More likely to have a colonoscopy exam

**6x**

More likely to be guideline-compliant

# WHAT DOES THIS MEAN?



## Patient Navigation

may be an effective approach to delivering life-saving, CRC screenings to rural, low-income adults at average risk for CRC.



## Future Research

should explore which components of the patient navigation program were most effective in promoting colonoscopy.

Read more about the original study: Sally Honeycutt, Rhonda Green, Denise Ballard, April Hermstad, Alex Brueder, Regine Haardorfer, Jennifer Yam, and Kimberly J. Arriola. "Evaluation of a patient navigation program to promote colorectal cancer screening in rural Georgia, USA". *Cancer*. 2013;119(16):3059-3066 <https://doi.org/10.1002/cncr.28033>

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