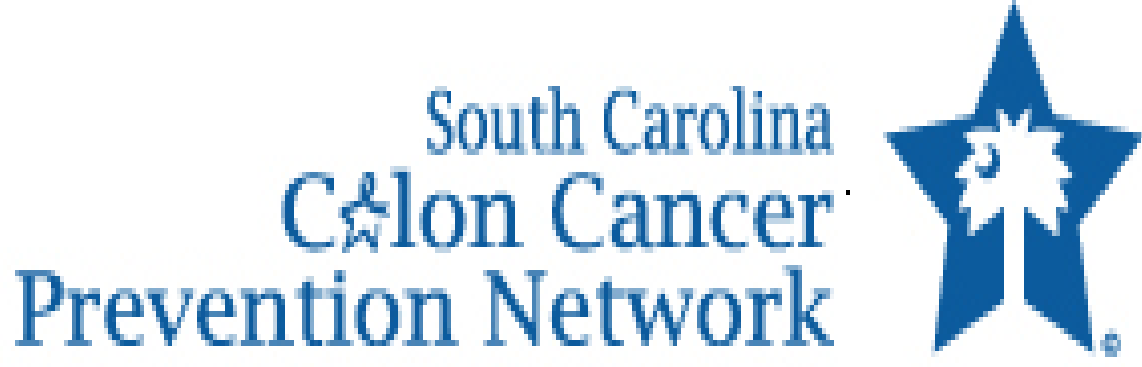


Promoting racial equity in colorectal cancer screening through evidence based strategies: Patient and provider perspectives on the role of patient navigation in enhancing access to colonoscopy



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Background

Colorectal cancer (CRC) is largely preventable through the use of screening modalities, such as colonoscopy. Colonoscopy is the “gold standard” method of CRC screening but is also the most difficult to access due to various financial, logistical, and psychosocial barriers patients must overcome to complete the procedure. These barriers are exacerbated for Black adults, who are at increased risk for CRC but complete colonoscopy at lower rates than other groups.

Healthy People 2020 has prioritized increasing CRC screening rates in age-eligible adults from 52.1% to 70%. The National Colorectal Cancer Roundtable has set a goal that 80% of eligible adults will complete CRC screening by 2018. Among Blacks with lower educational attainment and lack of medical insurance, the Roundtable’s 2018 screening goal is nearly unobtainable, without significant investments in screening.

Employing strategies to improve equity in CRC screening rates across ethnicities and socioeconomic statuses will be essential to achieving this goal. Patient navigation is one strategy that has been proven to address barriers faced by medically underserved Blacks face in accessing colonoscopy procedures, thereby increasing CRC screening rates.

The South Carolina Colon Cancer Prevention Network

The South Carolina Colon Cancer Prevention Network (SCCCPN) was established in 2008 with the goal of increasing knowledge of and access to CRC screening in South Carolina. The SCCCPN creates organizational linkages between facilities serving medically underserved individuals (free medical clinics and federally qualified health centers) and specialty centers (endoscopy centers) that provide colonoscopies. The SCCCPN provides patient navigation and free colonoscopies to average risk individuals within the recommended age range (50-64 for Whites and 45-64 for Blacks). Patient navigators screen patients for program eligibility, schedule the colonoscopy procedure, educate patients about CRC and colonoscopy, and guide patients through the diet, medication, and logistics necessary to complete the procedure.

Purpose

Examining perceptions of Blacks participating in a CRC screening navigation program will provide valuable insights that can be applied to the design and implementation of effective and sustainable CRC screening programs. Specifically, this research seeks to answer the following questions from the patients’ point of view:

- 1) What are the barriers that medically underserved Blacks face in completing a colonoscopy procedure?
- 2) What are the benefits of patient navigation in the context of colonoscopy screening?

Methods

Ethnographic research methods were employed to obtain an insider’s (*emic*) view of patient navigation. A series of three semi-structured interviews were conducted with patients of the SCCCPN program. Individuals were eligible to be interviewed if they meet the following criteria: identify as Black/African American, age 45 or older, living in Richland County and had at least two contacts with their patient navigator.

Participants were recruited to ensure maximum variation in important categories, such as gender, navigation program status (current vs. previous), and colonoscopy completion. Triangulation of methods include clinical observations, document reviews, and interviews with patient navigators and clinical staff.

Results

Data analysis is in progress; preliminary findings are presented. In total, 11 individuals were interviewed with one participant later determined to be ineligible. Twenty-seven interviews were completed with the 10 eligible participants. Interviews ranged in length from 8 to 58 minutes. Eight of the participants completed all three interviews in the series. Interviews were audio recorded and transcribed using InqScribe. Thematic analyses are being conducting with NVivo 10.

Patient Characteristics

Half of participants were female with a mean age of 55 years old. The majority had a high school education (70%) but only 30% were employed. Forty percent of interviewees were current SCCCPN participants (received navigation after August 2014). Previous SCCCPN patients interviewed had participated during the period of October 2013 to August 2014. Over half of participants interviewed (60%) completed the colonoscopy procedure.

Demographic and social characteristics of study participants are displayed in *Table 1*.

Table 1. Sociodemographic Characteristics of Navigation Patients

Characteristics	Percentage or Mean (Std)
Age (Years)	55 (4.55)
Female	50
Education	
Less than High School	20
High School	70
Diploma/GED	
More than High School	10
Employment	
Employed	30
Unemployed	20
Disabled	40
Retired	10
Program Status	
Current	40
Colonscopy Status	
Completed	60

Analysis

Preliminary review of interview data revealed the following themes regarding challenges to completing a colonoscopy and the impact of patient navigation.

Themes

1) What are the barriers that medically underserved Blacks face in completing a colonoscopy procedure?

Participants reported various financial, logistical, psychosocial barriers to accessing and completing a colonoscopy.

Challenges Getting Health Insurance: “*They [Medicaid] sent me a letter saying that you was denied because you didn’t send your stuff in, but I said ‘I didn’t receive anything’. So they said I could fax it. I had to get it to them in 3 days....I haven’t heard anything from them.*”

Challenges Getting Services: “*If you got money, you can just go to a doctor and they’ll do something. If you don’t have money and you tell them you’re having problems they’re not really serious about it.*”

Transportation: “*It’s a transportation issue, there’s four people using that car.*” “*Finding someone to go with me, that was a problem.*”

Knowledge of Colonoscopy: “*Just from the doctors that you got to get one [colonoscopy], that’s it. I didn’t know nothing about it. I didn’t know about polyps and all these things I know now.*”

Fear: When asked why she had not tried to get a colonoscopy previously one participant replied, “*Cause I’m scared, I don’t like to be put to sleep.*” Another participant mentioned a fear of needles, “*The IV, oh man I hate those*”

2) What are the benefits of patient navigation in the context of colonoscopy screening?

Having Someone There: “*She [patient navigator] was there for me. She was there like a trooper. I just thought she was perfect.*”

Being Prepared: “*She told you what was going to happen, step by step, and how you’re going to feel when you do do it....What you need to do, what not to do.*”

Engaging the Hard to Reach: “*I had like three different doctors [telling me] in three different states: Texas, New York, Georgia and I just didn’t get it....They [South Carolina] had the girl calling me and explaining everything and the other states didn’t so that made it a little bit easier.*”

“*If they have more help out there for people, more people would do it....Black people got this thing where they won’t come out of their neighborhood and nobody’s coming into their neighborhood to tell them about it.*”

Discussion

Participants reported a variety of individual level and institutional barriers to completing the colonoscopy. In most cases, patient navigators were able to remove these barriers and aid patients in successfully completing a colonoscopy. Transportation and other logistical issues are barriers that patient navigation does not fully address. Patient navigation reduced the fear and anxiety associated with the procedure resulting in many participants being willing to complete future colonoscopies. By exploring the experiences of medically underserved Blacks’ undergoing patient navigation, meaningful information can be gathered about the value and effectiveness of this strategy in increasing colonoscopy rates in this high risk population.