



#### **Conversation 4: Update on Reducing Cancer Screening Disparities: The Community-Level View from across the Country**

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##### **Practical Actions**

- Be flexible to change directions and resources when challenges or populations change
- Educate newly insured
- Make sure all staff members have standard/ key messaging for patients
- More communication across states
  - What's working/not working
  - Workshop email list

##### **Describe cancer screening disparities in your work place or community**

- Underserved people-
  - Public housing, elderly, African American population, undocumented women
- Rural settings-
  - Difficult to access facilities (distance, follow up appointments), shortage of medical professionals, transportation challenges
- Dominican, Hispanic population
  - Particularly difficult to get men to come to screenings
  - Cultural, language barriers
- Immigrant, Amish population
- Migrant population
- Undocumented population – afraid to get care
- Arab American population – breast, cervical screening disparity
- Grandparents who have custody of grand children
  - Added responsibility hurts likelihood of screening
- Who are you targeting and what are their barriers?

##### **What is currently being done to address these disparities in your work place or community?**

- Need to gather data on those who are not being screened
- Funding for community health workers

- Quarterly meetings
- Faith-based, community programs, safety nets
- Educate medical assistants – they spend more time with patients than providers
- Talking to medical students – Prevention is not a focus in school
- Screening navigation
- Brief surveys – snail mail
- Navigation follows outreach to diagnosis → build relationship with community
- Mobile mammography
- Charter women from villages to larger cities via plane (Alaska)
- Take time to strategically understand barriers; findings might be surprising
- Focus groups with patients, navigators, community leaders
- Battling national guidelines – conflicting information
- Lack of information even in well-resourced communities
- Need to make subgroups instead of lumping populations together
- Some people are not in major 5 population categories most likely on surveys
- Where does your target audience hear the message? What resonates with this group?
  - Example CRC screening for men & sports
- Innovative example – Rethink Canada advertising company
- Focus on several cancers
- Utilizing technology
- Social media, videos → teaching tool, 2-way engagement
- Texting (primarily women)
  - Studies showed this was effective in Asian population
- Direct calls still work for older people
- Live calls, “the provider would like you to come”
- Reminder for providers too
- Mailed FIT kits – good for rural populations/ those who cannot get off work
- Social media – good way to reach young adults to tell parents (of screening age) to make appointment
- Tunnel vision – patients come in asking about 1 problem, provide more information

**How have policies, systems, or programs reduced or increased these cancer screening disparities?**

- Issues with guidelines
- Several organizations have conflicting age guidelines
  - Challenging to keep messages clear
  - Separate letters to different age groups
- Confusion among providers
- Remembering they’re just guidelines
- When guidelines change, how are they enforced among providers?
  - Especially elderly practices
- Always think about toll of a later diagnosis

- Survival is not the only goal
- Provide clarity to your patients

#### **Additional Discussion Points**

- Should not make general assumptions about whether a particular community is or isn't underserved in regards to cancer screening. Discussion brought to light that sometimes even communities with a lot of resources are "underserved" when it comes to cancer screening because people assume that they have the knowledge they need to get the care they deserve.