Janice L. Krieger, Ph.D.

Disclosure of Commercial Interest

It is the policy of the Prevent Cancer Foundation and the Nurse Practitioners in Women’s Health that the education presented at CE-certified activities will be unbiased and based on scientific evidence. To help participants make judgments about the presence of bias, the Prevent Cancer Foundation provides information that faculty have disclosed about financial relationships they have with commercial entities that produce or market products or services related to the content of this educational activity.

There will not be any off-label and/or investigational use of products discussed within the content at any of the presentations at this conference.

Developing Personalized Colorectal Cancer Screening Messages for Rural and Minority Residents in Florida

Dr. Janice Krieger has indicated she has no relevant financial relationships within the past 12 months.
IS THE FUTURE OF PREVENTION VIRTUAL?

Developing personalized colorectal cancer screening messages for rural and minority residents in Florida

Dialogue for Action
April 25, 2019

Janice Krieger, PhD
University of Florida

Director, STEM Translational Communication Center
Professor, Advertising & Health Outcomes & Biomedical Informatics
Program Co-Director, Cancer Population Sciences, UF Cancer Center
STEM
TRANSLATIONAL COMMUNICATION CENTER

Making the science of health more...

ACCESSIBLE
UNDERSTANDABLE
USABLE
HEALTH INEQUITIES IN FLORIDA: COLORECTAL CANCER

Data source: CDC State cancer profile

Age-Adjusted Incidence Rates by Cancer Site (2010-2014)

Cancer incidence rates (cases per 100,000 population per year)
COMMUNICATION CHALLENGES

Changes in Screening Guidelines

"Good news.
Your cholesterol has stayed the same,
but the research findings have changed."
PRECISION MESSAGING

RIGHT MESSAGE

RIGHT PERSON

RIGHT PLACE

RIGHT TIME
USING PRECISION MESSAGES TO ADDRESS RURAL HEALTH

• Designing and evaluating rural-centric health decision-making interventions

• Mindful of both:
  • rural “place”
  • cultural “space”
PRECISION MESSAGES TO ADDRESS **SOCIAL VULNERABILITY**

**SOCIOECONOMIC STATUS**
(Below Poverty, Unemployed, No high school diploma)

**HOUSEHOLD COMPOSITION & DISABILITY**
(Aged 65 and Older, Aged 17 and Younger, Civilian with a Disability, Single-Parent Households)

**HOUSING & TRANSPORTATION**
(Multi-Unit Structures, Mobile Homes, Crowding, No Vehicle, Group Quarters)
Multi-level intervention to promote CRC screening

Patients participate in “virtual” appointment

Fecal immunochemical testing (FIT)

Built in reminder system
VIRTUAL HUMAN TECHNOLOGY

BENEFITS

- Customizable messages
- Reduces embarrassment
- Demonstrates correct stool collection
AGILE INTERVENTION DEVELOPMENT

MEET - PLAN - DESIGN - DEVELOP - TEST - EVALUATE
AIM 1

Formative Research

8
INITIAL FOCUS GROUPS

16
FOLLOW-UP FOCUS GROUPS

14
COMMUNITY MEMBERS

50
THINK ALOUD INTERVIEWS
EVOLUTION OF ALEX
Aim 2: Clinical Implementation Recruitment

**PARTICIPANTS**

Patients (50 - 73)

Eligibility: data warehouse criteria + chart review

**ELIGIBILITY**

Low risk

Outside CRC screening guidelines

**ENROLLMENT**

Patient portal + research registry

Clinics
## Aim 2: Clinical Implementation Protocol

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| 1 | Randomized to message condition  
Track patients screening behavior over 6 mos.  
Non-responders enrolled in Phase 2 |
| 2 | Rerandomized to message condition  
Track screening over 6 mos.  
Patients who screen advance to Phase 3 |
| 3 | Follow patients longitudinally  
Booster intervention messages  
Determine which message elements are most effective |
VIRTUAL HUMAN EXAMPLE
FUTURE DIRECTIONS
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Questions?

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