Leah Frerichs, Ph.D., MS

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.

Use of a Culturally Adapted Video Decision Aid to Improve Colorectal Cancer Screening among American Indians

Dr. Leah Frerichs has indicated she has no relevant financial relationships within the past 12 months.
Use of a Culturally Adapted Video Decision to Improve Colorectal Cancer Screening among American Indians

Leah Frerichs, PhD
Assistant Professor
UNC-CH

Dialogue for Action
Arlington, VA
April 24-26, 2019
Acknowledgements

Prevent Cancer Foundation
UNC Lineberger Comprehensive Cancer Center

We would like to thank the Coharie Intertribal Council, Haliwa Saponi Indian Tribe, and the Lumbee Tribe of North Carolina for their support of this project.
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Speaker, Trainer, Consultant
Trends in CRC Mortality Rates by Race/Ethnicity

Colorectal Cancer Screening has Increased Over Time

Colorectal Cancer Screening has Increased Over Time

Disparity Gap in Colorectal Cancer Screening Persists for American Indians

North Carolina American Indian Population

Note: N.C. population = 1.2 percent Native American
Source: U.S. Census.
“If I keep talking about this colorectal cancer thing and I go to get tested, more than likely they’re going to find something. So I think if they don’t talk about it, it—maybe it won’t happen.”

“People scare you, because, see, if you haven’t ever had one, they say, well, boy, you don’t know what you’re fixing to face. You got to drink all this, this and this and this. And see, they scare you.”

“Nobody’s ever mentioned it [the FOBT test] to me.”

“We always ask for prayer. I like it when doctors share that . . . that helps my confidence [in them].”
Inform
Engage
Model behavior
Support
Comfort
Planned Study Design

Convenience Sampling and Patient Database Query

Screen & exclude, as appropriate

Consent and Baseline Survey

Randomized

Attention-Control (Food Safety)

Post Encounter Survey

6-month follow-up survey

AI CRC Decision Aid

Post Encounter Survey

12-month follow-up survey
Statistically significant increase in CRC screening knowledge

5 Knowledge Questions - e.g., It is possible to do a colon cancer screening test at home. Is this true or false, or are you not sure?

<table>
<thead>
<tr>
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<th>Pre</th>
<th>Post</th>
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<tbody>
<tr>
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<td>50%</td>
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<tr>
<td>Control</td>
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Small, but statistically significant increase in “pro” beliefs
No differences in “cons”

Pro Question Ex: Finding cancer early gives you a better chance for a cure

Con Question Ex: Colon cancer screening takes too much time
Statistically significant increase in CRC screening intentions

Are you planning to have a colon cancer screening test in the next six months?

<table>
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<th>Intervention</th>
<th>Control</th>
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<tbody>
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<td>Not at all going to try</td>
<td>44.4</td>
<td>43.2</td>
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<tr>
<td>Absolutely going to try</td>
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Insights

- Structural and System
- Healthcare Provider Relationships
- Family and Community Relationships
- Individual
Future Directions

Community

Navigation?
Technology?

Healthcare

Cost-effectiveness?
Policy?
THANK YOU