Conversation 4: Removing Barriers and Seizing Opportunities to Improve Cancer Screening and Prevention in Rural Areas

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Practical Actions

- Alaska Medicaid does not include pap smears → would be practical if they did
- Modify approach → 30 second pitch with medical director to build trust and collaboration
- Give patients options for CRC screenings (utilizing FIT kits)
- Send out mobile service vans/mobile clinics to underserved populations
- Provide incentives
- Offer $5 Pap smear days once a month
- Partner with community agencies
- Coordinate with other organizations to combine care/follow up
- Remove extra step of scheduling appointment with colonoscopist → Have a protocol in place to reduce barrier; streamline the process
- Ask rural communities to see what THEY need from US

What are common challenges to providing cancer screening/prevention services to people who live in rural areas?

- Transportation
  - Lack of infrastructure on roads
  - Distance between clinics
- Unemployment
- If screening is positive, where to go for access to care?
- Individuals persona – “rugged cowboy mentality” → do not need to seek care, can take care of themselves
- Agricultural state – hard to take days off of work to go to the doctors
• Health literacy and health insurance illiterate
• EHR systems not coordinating with each other
• Mistrust of the health system and western medicine
• Insurance coverage
  o Very high deductible, some do not want to use Medicaid
• Areas are medically underserved
  o High turnover of providers
  o If there is only one doctor in the area and community members do not like him/her—they will not go

Which strategies work well in leveraging existing resources to help overcome these challenges?
• Engage with community churches
• Sent visiting providers to do pap smears
• Screening mammovans → bringing services to the community
• Validating support
• Send FIT kits with gloves and toilet covers
• Motivational interviewing with patient navigators
• Use health information technology specialist to provide support/technical assistance and train providers
• Community champions
• Start colonoscopy conversation before patient turns 50
• Use informal approach for FIT testing → “Your mom did it, now it is your turn”
• Use incentives- gas cards, grocery gift cards

How have policies, systems or programs either reduced or increased challenges to provide cancer screening/prevention in rural areas?
• **Reduced**
  o Law in Kentucky: If the FIT test is positive, it has to be coded as screening so the patient does not have out of pocket costs
  o Mailing out FIT kits
• **Increased**
- Abnormal FIT cost – Patients paying out of pocket costs when they thought it was fully covered
- Educating all providers on coding FIT positive tests as screening
- Emphasis on patient education over technology
- Need more leadership training

Name a ‘success story’ with good expansion of cancer screening/prevention services in a rural area and identify key elements for that success.

- Talk to industry and provide services at work places during lunch breaks
- Provide services in the evenings to people will not have to take time off of work
- Motivationally trained Patient Navigators
- Use partners in the community to host screening events
- FluFIT events- provide FIT kits when they get their flu shots
- MammoFIT event

What practical actions can be taken to improve cancer screening/prevention in rural areas?

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