

Hispanic Patient Preference in Colorectal Cancer Screening: Factors in Decision-Making

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Hispanic Patient Preference in Colorectal Cancer Screening: Factors in Decision-Making

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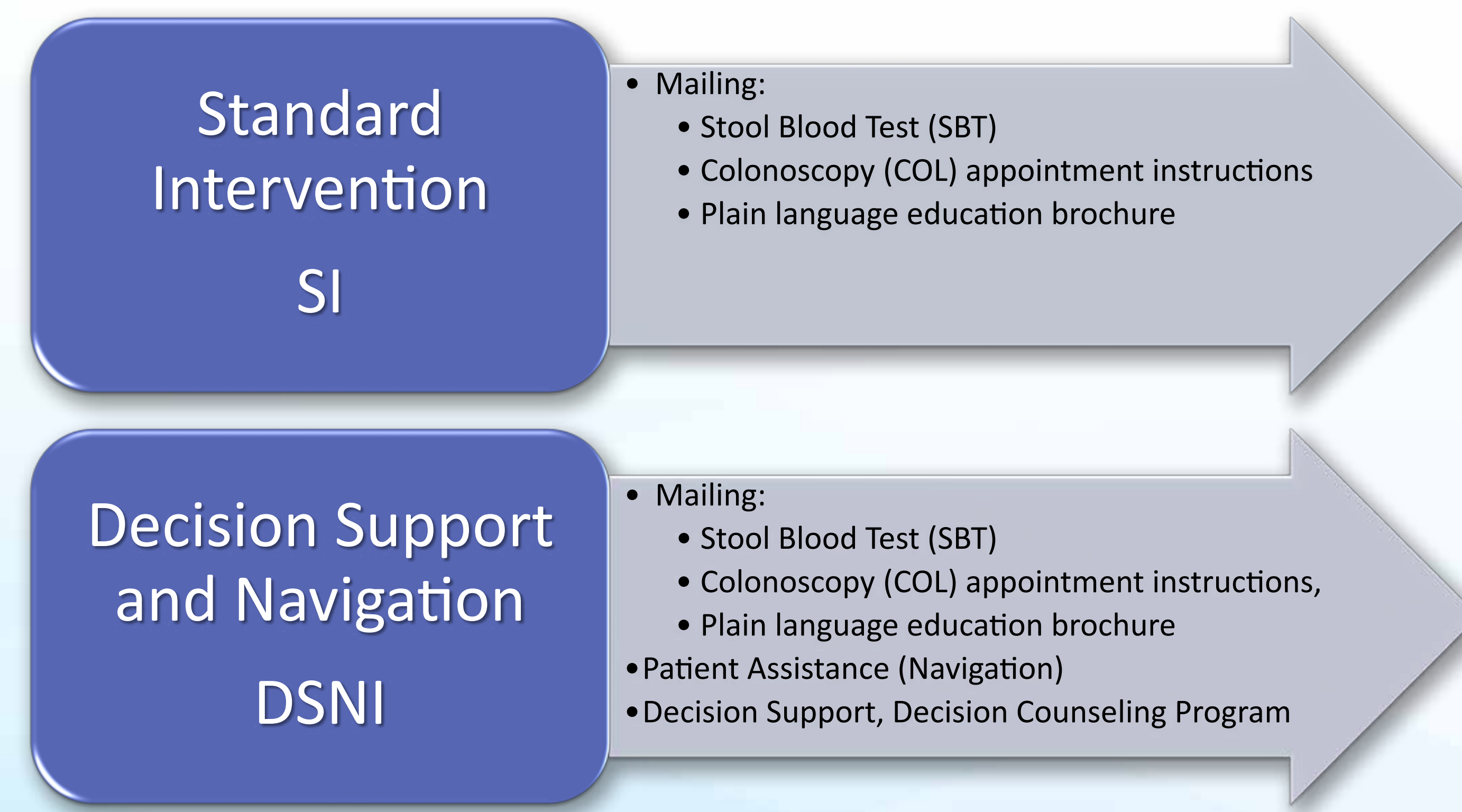
BACKGROUND:

- Colorectal cancer (CRC) screening rates are relatively low among Hispanic Americans as compared to non-Hispanic whites and African Americans.
- The disparities in CRC screening and mortality persist even when adjusting for education, income, and insurance status.
- Effective interventions are needed to raise CRC screening rates, reduce mortality, and increase survival in this growing segment of the population.

OBJECTIVE:

To compare the effectiveness of a multi-level **Decision Support and Navigation Intervention (DSNI)** to a single level mailed **Standard Intervention (SI)** in a randomized, controlled trial designed to increase CRC screening rates among Hispanic primary care patients.

METHODS:



Navigation using an online Decision Counseling Program (DCP) to:

- identify barriers to and facilitators of preferred test
- develop a screening plan for DSNI

Identification of up to 3 factors that may affect the likelihood that participant will complete their preferred test. Factors were coded as:

- Belief in Importance/Value of Screening
- Perceptions about Test or Test Process
- Worries, Concerns, Fears
- Social Support and Influence

RESULTS

Figure 1: Study Design and Outcomes

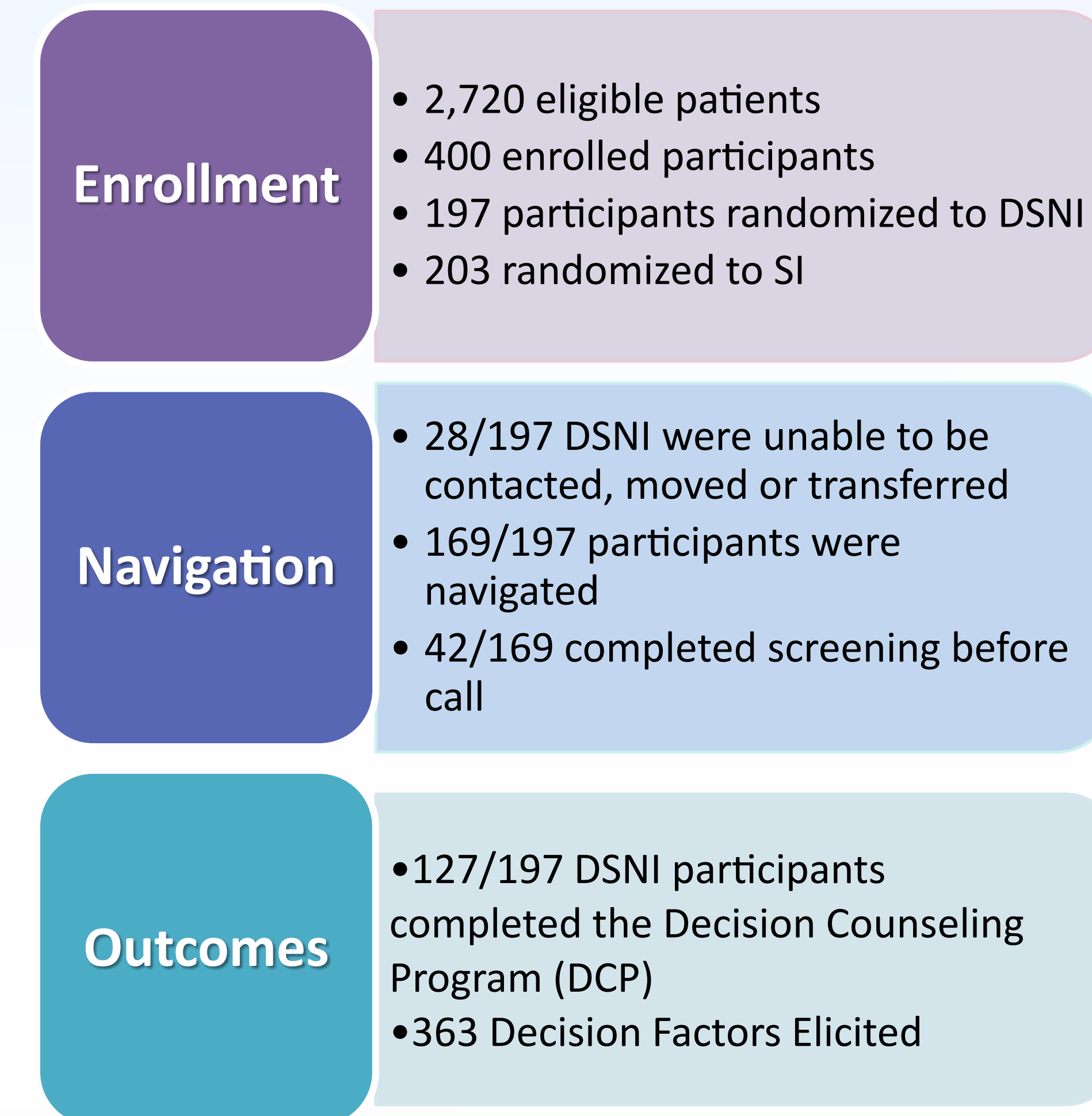


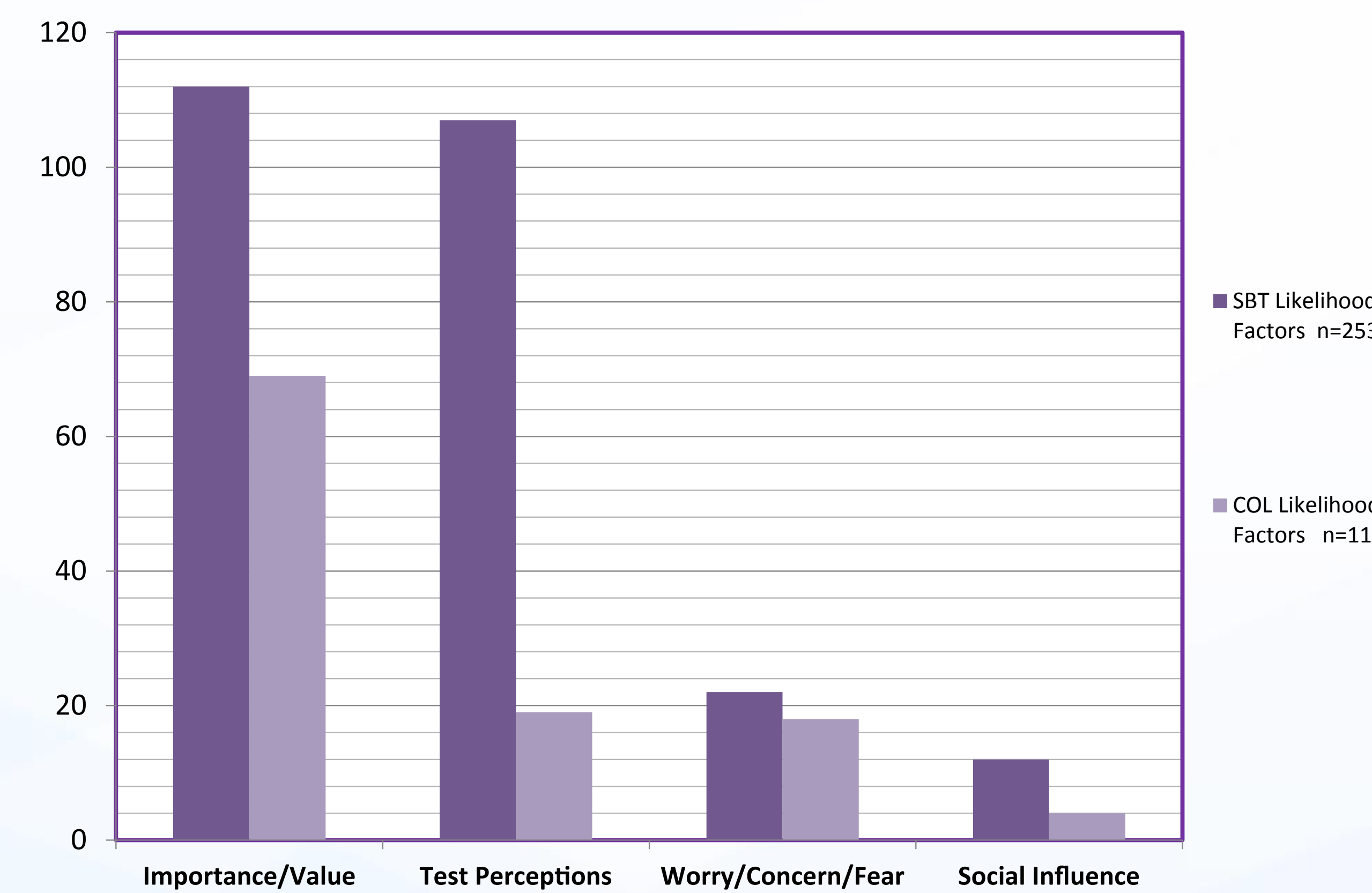
Figure 2: DCP Participant Test Preference



Table 1. Demographics

Baseline Participant Demographics	Number	Percent
Age		
50-59	277	69.3
60+	123	30.8
Sex		
Female	235	58.8
Male	165	41.3
Race		
White	133	33.3
African American	118	29.5
Other	91	22.8
Unknown	58	14.5
Education		
Less than High School	192	48.0
High School	109	27.3
Great than High School	99	24.8
Insurance Status		
Insured	281	70.3
Uninsured	111	27.8
Not sure	8	2.0
Family Income		
Unknown	1	.03
Under \$14,999	280	70.0
\$15,000-\$45,999	112	28.0
\$46,000-\$59,999	7	1.8
Marital Status		
Married	192	48
Unmarried	208	52

Figure 3: Decision Factors influencing Likelihood of Test performance



RESULTS:

Results For those participants completing the Decision Counseling Program (DCP):

The DSNI identified participant screening test preference (SBT or COL) and elicited factors that would affect likelihood of performing the preferred test. Of the 197 eligible DSNI participants, 127 (65%) participants completed the DCP.

In accordance with Analytic Hierarchy Processing theory, computation of likelihood scores include individual factor effect weights and comparative factor importance weights.

Scoring:

scores include individual factor effect weights and comparative factor importance weights.

0.546 – 1.000 Likely to Screen

0.455 – 0.545 Neutral

0.000 – 0.454 Not Likely to Screen

All 39 people identifying COL as their preferred test had a likelihood score >0.545, indicating that they were likely to screen.

All 88 people identifying SBT as their preferred test had a likelihood score >0.545, indicating that they were likely to screen.

The strength (or levels) of Likely to Screen (>0.545) are further broken down as:

A Little Likely	0.546 - 0.583	n=0
Somewhat Likely	0.584 - 0.616	n=3
Much Likely	0.617 - 0.643	n=22
Very Much Likely	0.644 - 0.666	n=25
Overwhelming Likely	0.667 - 1.000	n=77

CONCLUSION:

All participants who completed the DSNI were scored as likely to complete their screening test, regardless of test preference.

Of the 253 factors elicited from those participants preferring SBT, 112 factors referenced the importance/value of screening, while 107 factors referenced cost and convenience as influencing factors. Those favoring COL reported 110 factors, of which 69 factors referenced the importance value of testing.

Further analysis is needed to determine whether strength of likelihood scores can predict actual screening completion.

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