

# Increasing Colorectal Cancer Screening Among Hispanic Primary Care Patients: RE-AIM Analysis

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# Increasing Colorectal Cancer Screening Among Hispanic Primary Care Patients: RE-AIM Analysis

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## BACKGROUND / INTRODUCTION

- Hispanic adults are less likely to be screened and more likely to be diagnosed with advanced colorectal cancer (CRC)
- This study included a Randomized Controlled trial for a Decision Support and Navigation Intervention (DSNI) to address CRC disparities in Hispanic patients
- Those randomized to DSNI were exposed to a decision counseling program (DCP) within the intervention

## METHODS

- Application of the RE-AIM framework for the interim evaluation of an RCT of CRC screening intervention of Hispanic patients as follows:

RE-AIM	Outcome Measures
Research	Characteristics of study participants and sampling frame within 5 primary care practices
Effectiveness	Screening adherence (pending)
Adoption	Number of practices enrolled, engagement of patient and stakeholder advisory group (PASAC)
Implementation	Number of patient contacts for navigation and decision counseling, staff satisfaction
Maintenance	Health system implementation (pending)

## RESULTS

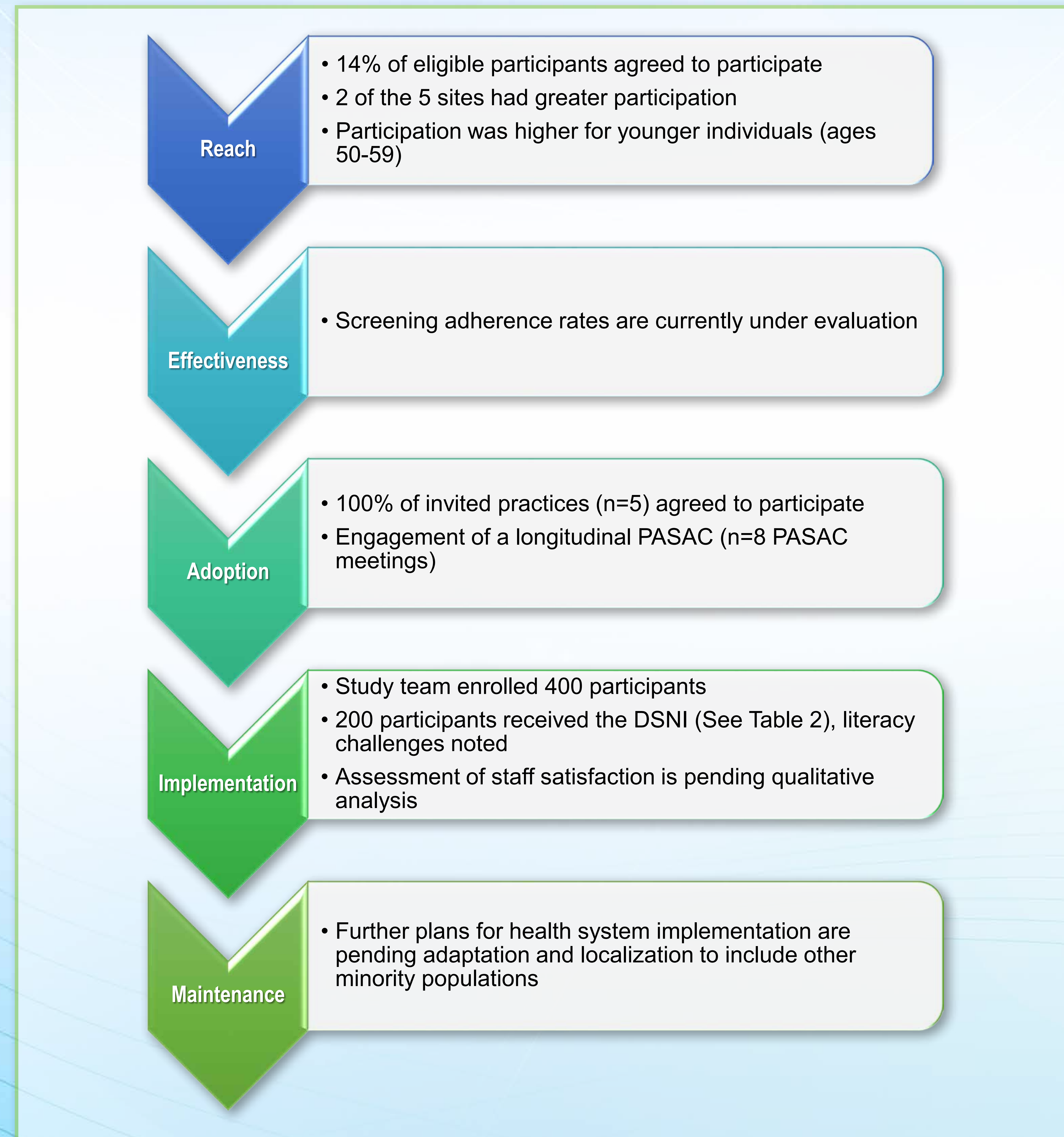


Table 2. Summary of Completed Navigation and Follow Up (\*Interim)

RE-AIM	N	Min	Max	Mean	SD
Navigation Call Attempt (# of calls)	165	1	11	3.6	2.3
Duration of Navigation call (minutes)	165	0	80	26.5	16.4
With DCP (minutes)	115	0	80	33.9	12.0
Without DCP (minutes)	50	0	44	9.4	11.9
Total Call time (attempts, navigation call, and follow up) (minutes)	165	0	88	34.7	20.3

## DISCUSSION

- Generalizability may be affected by overrepresentation of participants who are younger and receive care in certain practices
- Adoption by the 5 participating practices was 100%
- Engaging practices, the PASAC, and the health system in the implementation process is feasible
- Literacy and challenges with conceptual issues were identified and may warrant tailoring of the decision support for this population

## CONCLUSIONS

- Additional strategies may be needed to engage patients older than 60
- Further adaptation is needed to address literacy challenges and to include other minority populations
- Evaluating the population-level impact of the multilevel intervention will inform dissemination of decision support and navigation

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