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Repeat CRC Screening after Standard and Decision Support and Navigation Interventions Among Hispanic Primary Care Patients

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BACKGROUND:

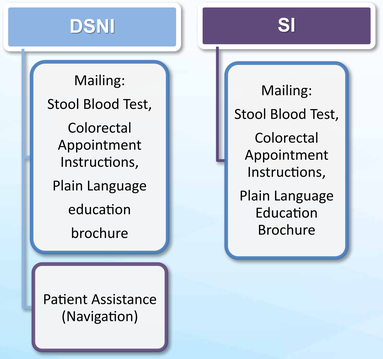
- Colorectal cancer (CRC) screening rates are relatively low among Hispanic Americans as compared to non-Hispanic whites and African Americans.[1]
- The disparities in CRC screening and mortality persist even when adjusting for education, income, and insurance status.[2]
- Effective interventions are needed to raise CRC screening rates, reduce mortality, and increase survival in this growing segment of the population.

OBJECTIVE:

To deliver a Decision Support and Navigation Intervention (DSNI), based on preferred screening test, to patients enrolled in a multi-level randomized controlled trial to increase CRC screening among Hispanic primary care patients aged 50-75 at average risk.

METHODS:

Delivery of a dual arm centralized intervention including (1) Standard mailing Intervention (SI, N=203) of stool blood test (SBT) kit and instructions, colonoscopy instructions and educational material versus (2) SI mailing intervention plus decision support and navigation (DSNI, N=197) delivered by a bilingual patient assistant.



Outcome Measures:

1) Identify participant SBT* screenees who rescreened using SBT or colonoscopy within 18 months after the initial screen without further intervention, and 2) Identify method of repeat screening.

*excludes positive SBT screenees

RESULTS

Figure 1: Study Design and Outcomes

Enrollment	• 2,720 eligible patients • 400 enrolled participants • 197 participants randomized to DSNI • 203 participants randomized to SI
Navigation	• 106 DSNI participants screened via SBT (54%) • 72 SI participants screened via SBT (36%)
Outcomes	• 36 DSNI participants repeated screening (34%) (n=36) • 30 SI participants repeated screening (42%)

Figure 2: Repeat Screening Method for Those with Initial SBT Screening

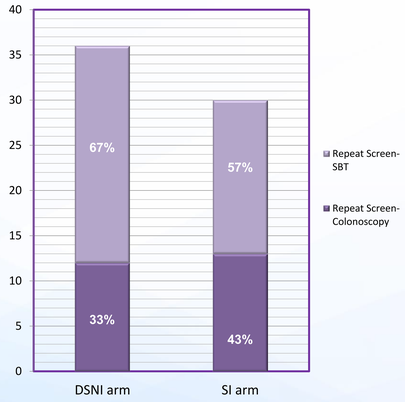


Table 1. Baseline Participant Demographics

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
Greater 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

RESULTS:

Those participants who screened via SBT through either DSNI or SI intervention and resulted negative were monitored for evidence of repeat screening. After screening in response to intervention, rescreening rates were relatively low in both study groups in the absence of further intervention. The percentage of the total enrolled DSNI population who completed consecutive screening was 18%, compared to 15% in the total enrolled SI population.

CONCLUSION:

Lower than optimal repeat screening in both arms suggests that continued outreach and assistance is needed to maintain persistent adherence .

The rate of repeat screening completion , particularly colonoscopy, may suggest both interventions facilitated a patient-provider conversation around CRC screening.

Providing culturally appropriate educational materials on both modalities of screening may increase rates of future screening with both SBT and colonoscopy. Research is needed to assess intervention strategies that can achieve high annual SBT screening rates.

References:

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2. Hamman MK, Kapinos KA. Mandated Coverage of Preventive Care and Reduction in Disparities: Evidence From Colorectal Cancer Screening. American Journal of Public Health. 2015;105(Suppl 3):S508-S516. doi:10.2105/AJPH.2015.302578.

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