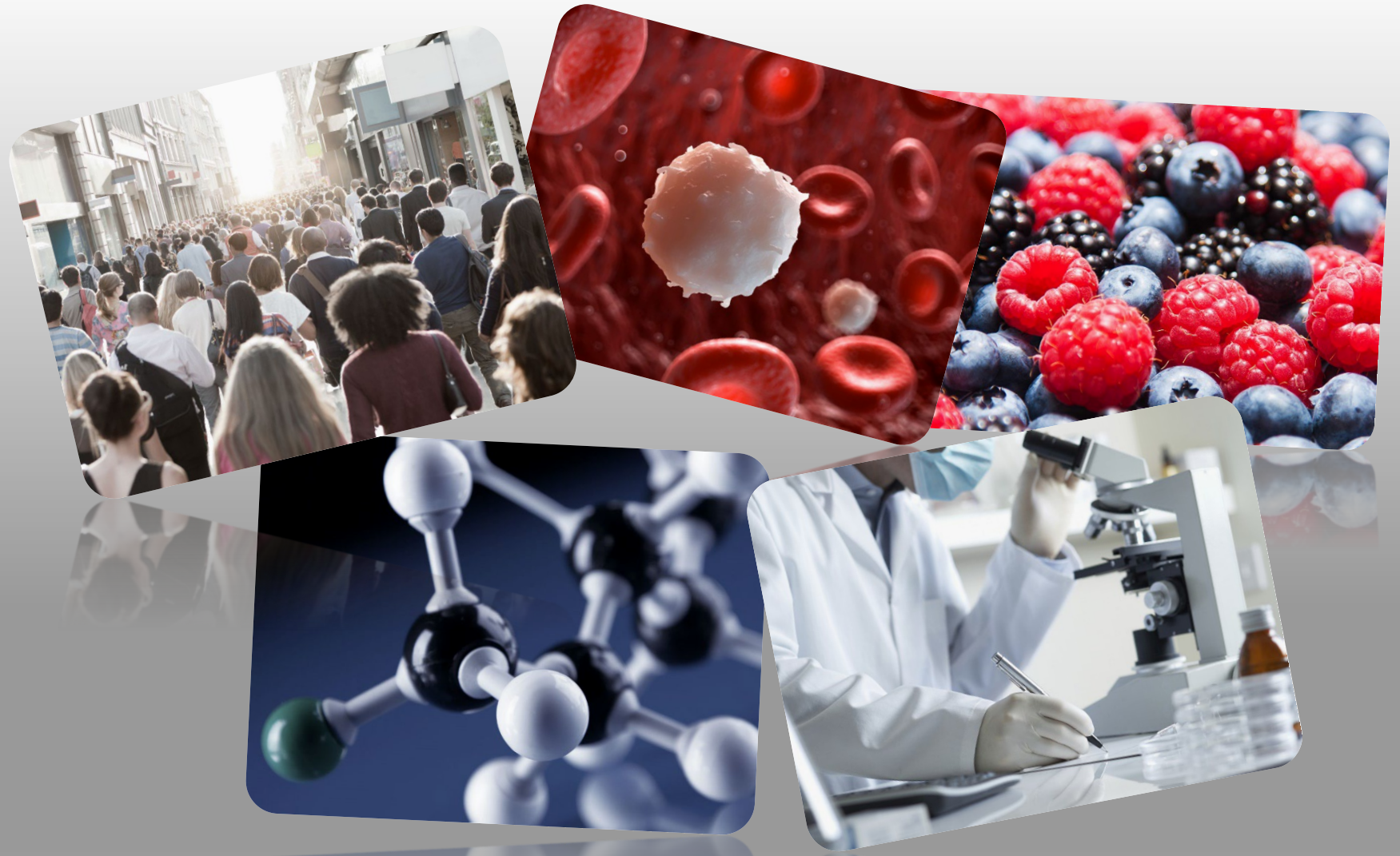

Interventions for Underserved Populations

Electra D. Paskett, Ph.D.

A CANCER FREE WORLD STARTS HERE

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Comprehensive Cancer Center

Disclosures

- Grant funding to the Institution:
  - Pfizer
  - Merck Foundation
  - Genentech
  - Breast Cancer Research Foundation
  - Susan G. Komen Foundation
- Appointments:
  - Member, National Cancer Advisory Board, NCI
  - Member, Ohio Commission on Minority Health, State of Ohio
  - Member, NCCN Survivorship Guidelines Panel

Overview

- Setting: Engage Communities
- Framework: Innovative Strategies
- Approach: Teams-based
- Strategies
- Barriers to Success
- Conclusion
  - Success story

Wayfinder Patient Navigation

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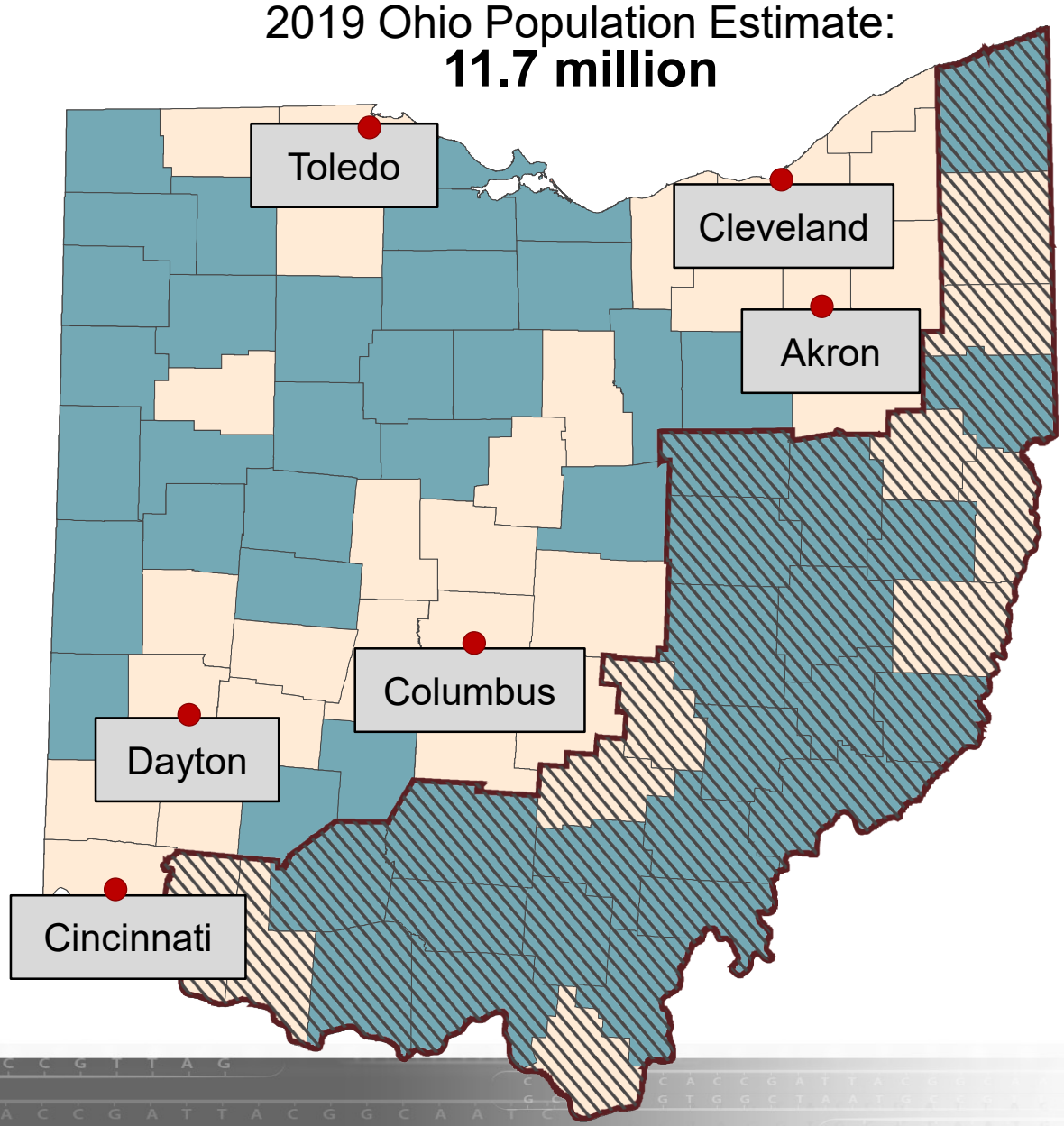
Setting, Approach, Framework

INTRODUCTION

Catchment Area: State of Ohio, 88 counties



- Urban
  - Several large metropolitan areas
- Non-metro
  - 50 counties, 2.4 million residents
  - 20.8% of population
  - 59% of land mass
- Appalachia
  - 32-county area
  - Health care professional shortage area
  - Socioeconomically distressed

Unique populations

- Established and new immigrant communities
  - Somali, Bhutanese, Nepalese, Asian, Hispanic
- Amish
- Sexual & Gender Minorities (SGM)

Catchment Area: State of Ohio

We are poorer, less educated, and less racially and ethnically diverse than the US

	Ohio	US
Age 65+	17%	16%
Below Poverty Level	14%	12%
Age <65 w/ Health Insurance	93%	90%
College Degree	27%	30%
Foreign Born	4%	13%
Hispanic/Latino	4%	18%
Race		
White	82%	77%
Black	13%	13%
Asian	2%	6%

US Census and Quick Facts, 2017

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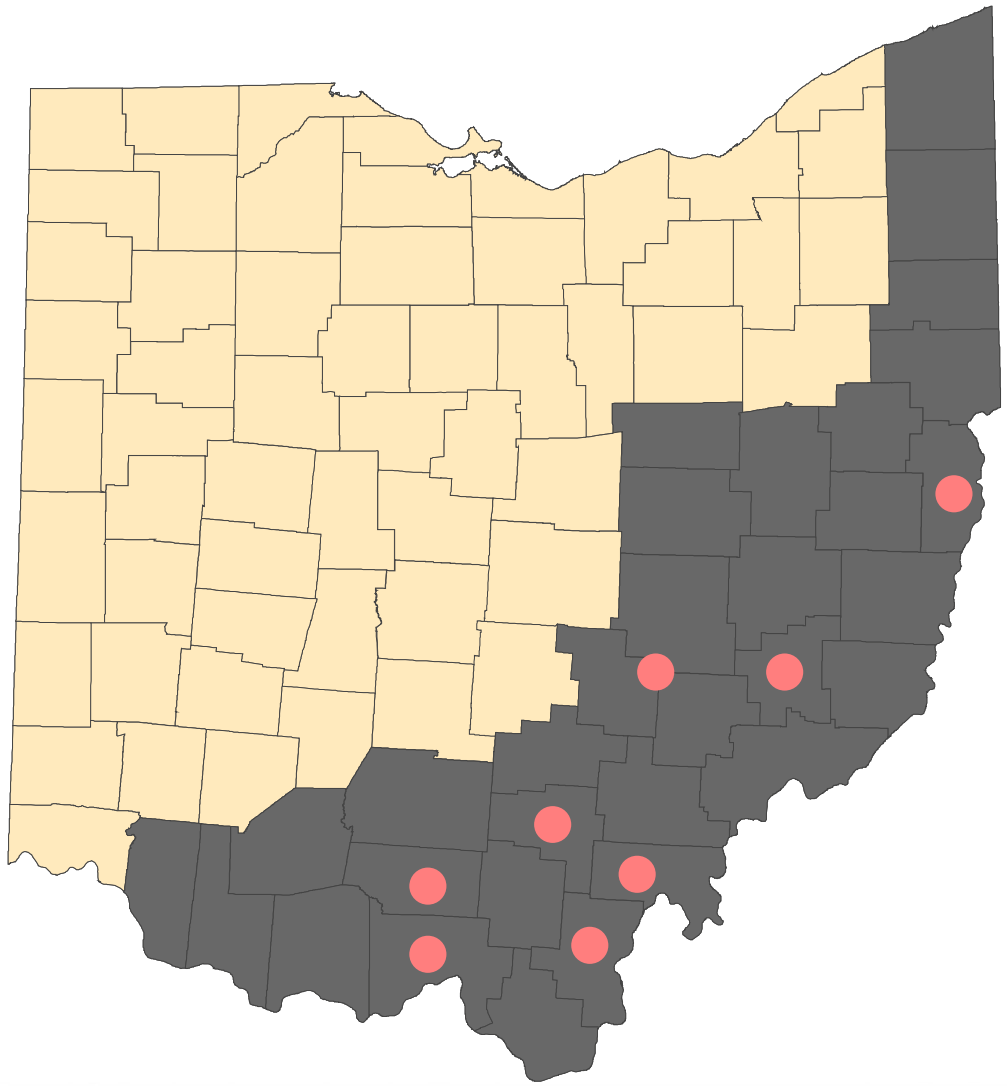
Community Partners - **Appalachia**



- Eight Ohio Coalitions & Councils

Women in Action Against Cancer Coalition

Noble County Coordinated Council

Meigs County Cancer Initiative

Partners of Hope Cancer Coalition

Fight Cancer Save Lives – ACT Now Coalition of Scioto County

Pike Healthy Lifestyle Initiative

Cancer Concern Coalition

Vinton County Social Service Council

CCHE meets with these groups every other month

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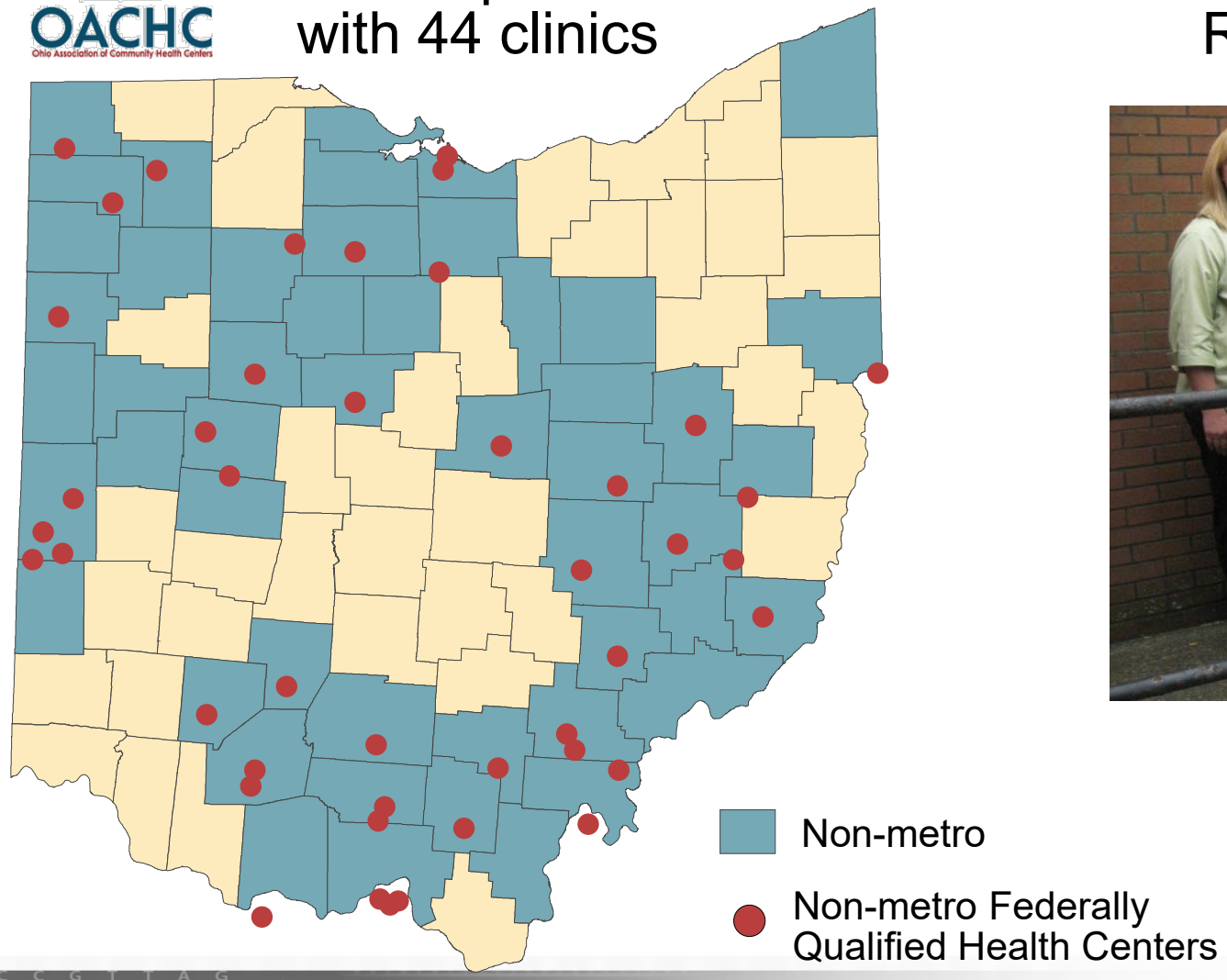
Community Partners - **Rural and Non-metro**

OACHC
Ohio Association of Community Health Centers

CCHE partners
with 44 clinics



Rural Community Advisory Board

Meets quarterly

Community Partners - **Urban**

Community Advisory Board

THE NATIONAL AFRICAN AMERICAN MALE WELLNESS WALK INITIATIVE

SUSAN G. KOMEN COLUMBUS

PrimaryOne Health
Your first choice for quality care

OPHA
Ohio Public Health Association

THE CRAWFORD CREW
Pulling together to prevent cervical cancer

OACHC
Ohio Association of Community Health Centers

CATHOLIC SOCIAL SERVICES
Our Lady of Guadalupe Center

EquitasHealth
Care for All

Ohio Department of Health

etss
ETHIOPIAN TEWAHEDO SOCIAL SERVICES

American Cancer Society

STONEWALL SWC COLUMBUS

BCCO Est. 2009
BHUTANESE COMMUNITY OF CENTRAL OHIO
मध्य ओहायो भुटानी समुदाय

Asian Festival

AACS
ASIAN AMERICAN COMMUNITY SERVICES

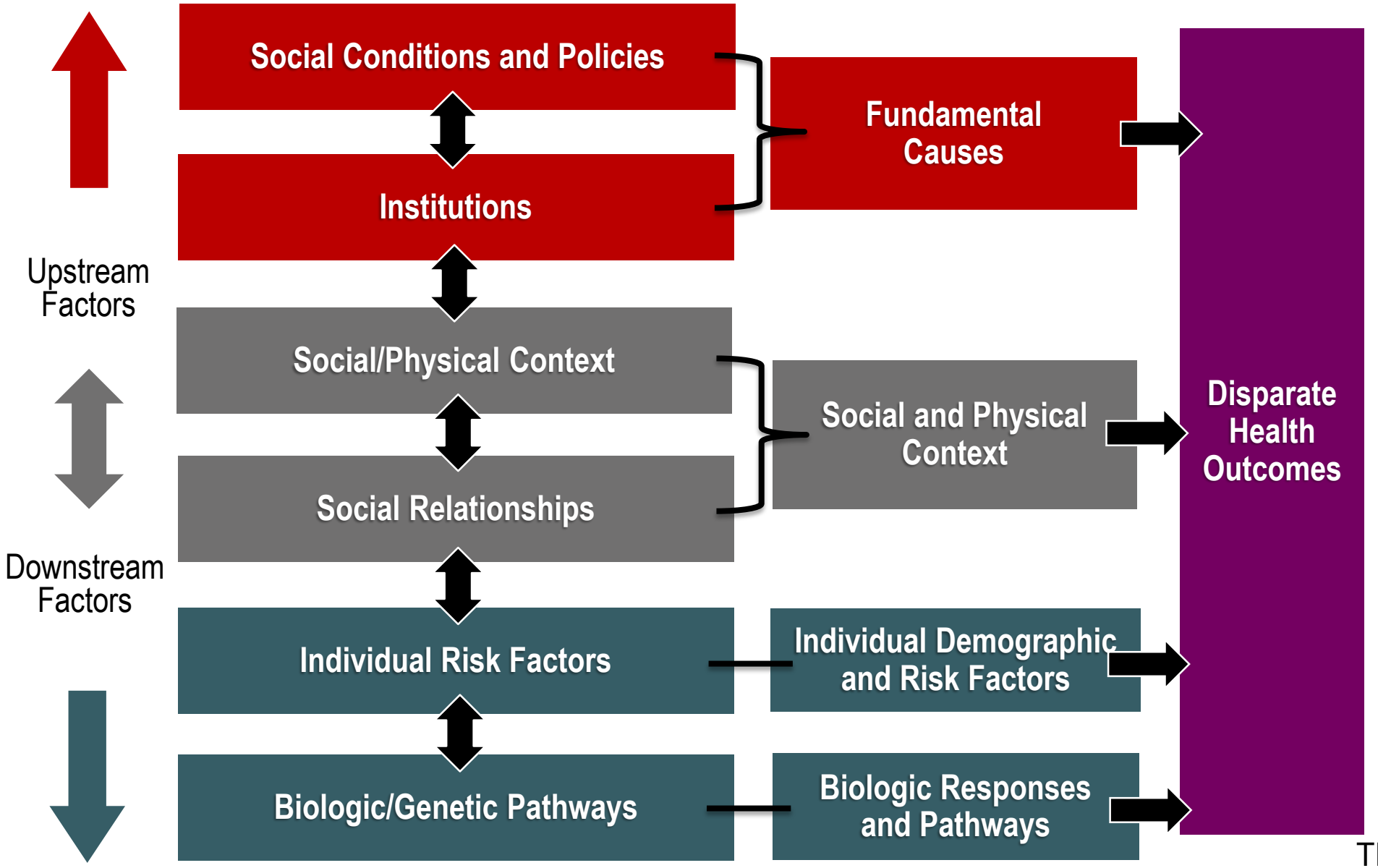
Ohio Partners for Cancer Control

Lower Lights
Christian Health Center

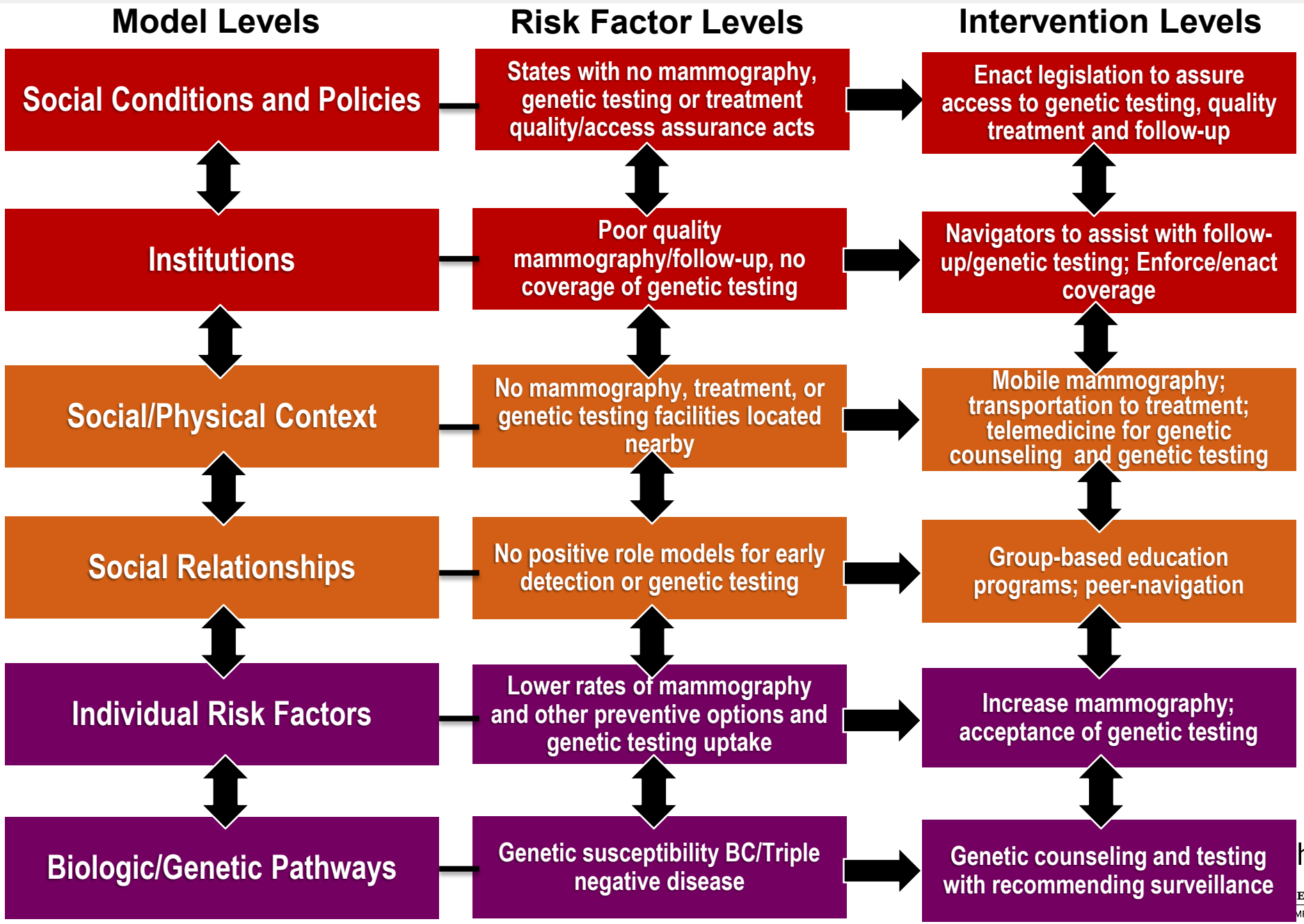
THE CITY OF COLUMBUS
ANDREW J. GINTHER, MAYOR
COLUMBUS PUBLIC HEALTH

Columbus City Schools

Model for Analysis of Population Health and Health Disparities



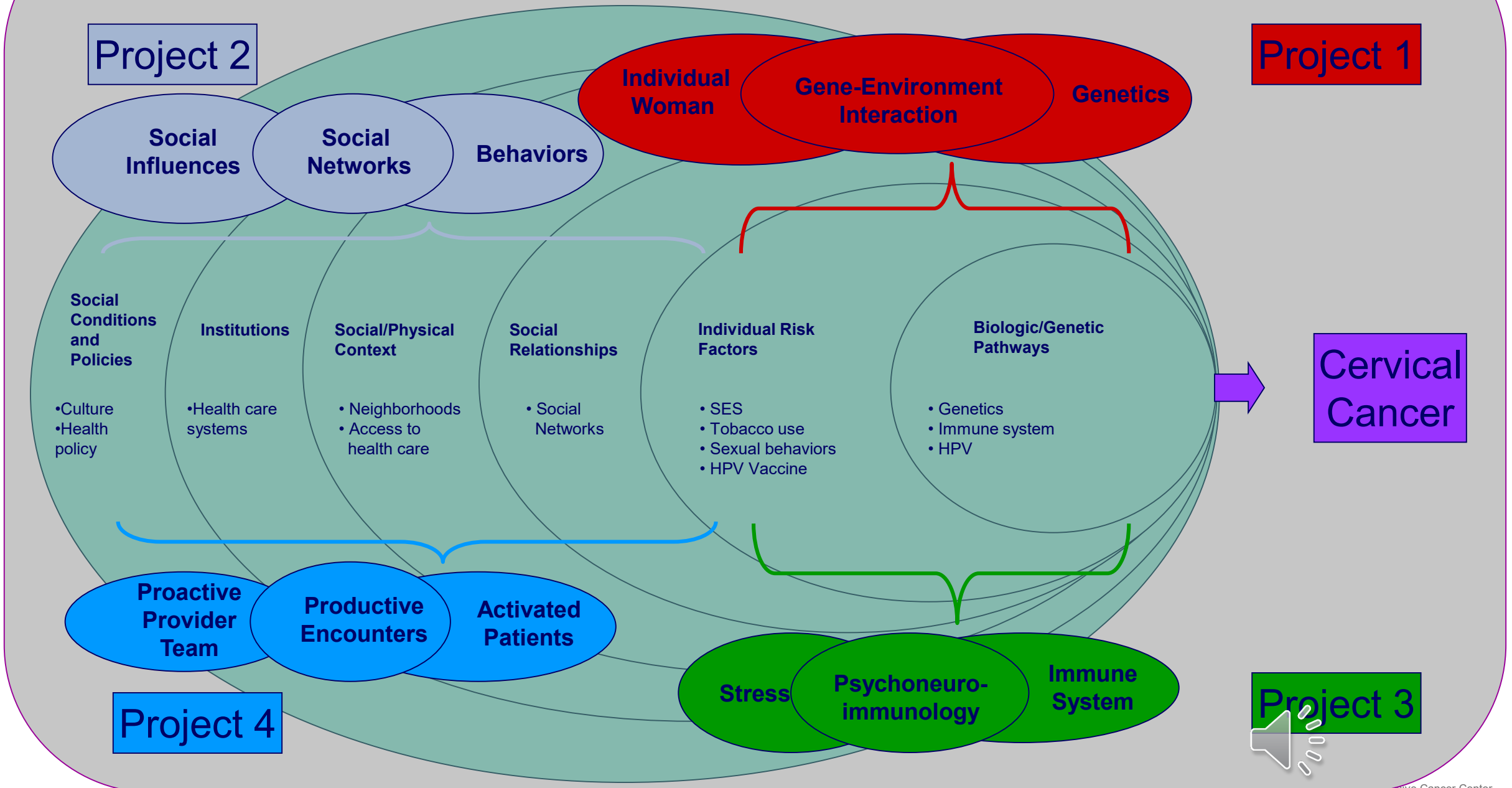
(Warnecke et al., AJPH 2008)


Model Levels
Risk Factor Levels
Intervention Levels
Social Conditions and Policies
States with no mammography, genetic testing or treatment quality/access assurance acts
Enact legislation to assure access to genetic testing, quality treatment and follow-up
Institutions
Poor quality mammography/follow-up, no coverage of genetic testing
Navigators to assist with follow-up/genetic testing; Enforce/enact coverage
Social/Physical Context
No mammography, treatment, or genetic testing facilities located nearby
Mobile mammography; transportation to treatment; telemedicine for genetic counseling and genetic testing
Social Relationships
No positive role models for early detection or genetic testing
Group-based education programs; peer-navigation
Individual Risk Factors
Lower rates of mammography and other preventive options and genetic testing uptake
Increase mammography; acceptance of genetic testing
Biologic/Genetic Pathways
Genetic susceptibility BC/Triple negative disease
Genetic counseling and testing with recommending surveillance

Approach: Team Science

- Center for Population Health and Health Disparities
  - Transdisciplinary Research Teams
  - Molecular Science to Behavioral Science
  - Learn a new vocabulary
    - Common terminology
    - Speak across disciplines
  - Work together to achieve center/project aims
  - Addressed problems together/collectively
  - Dependence on each person's expertise
  - Built trust over time by experience and handling obstacles

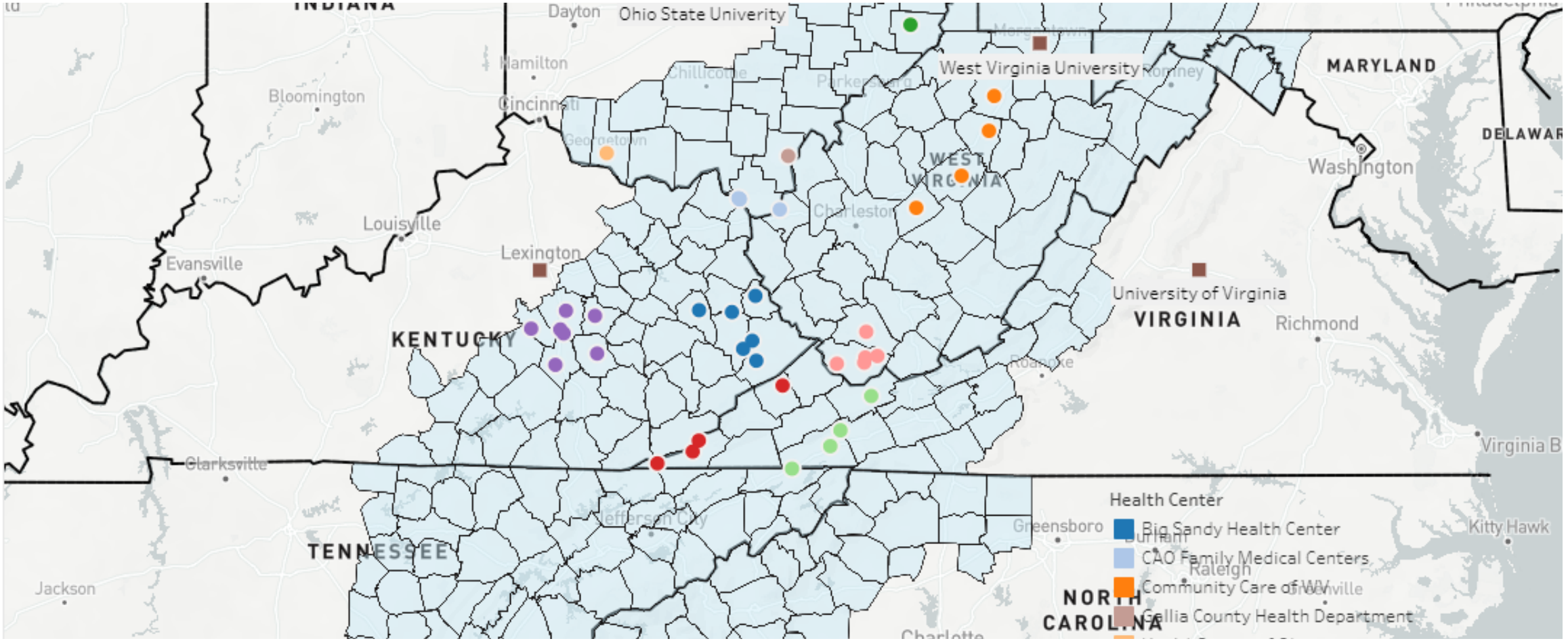
CARE II: A SDH Model For Addressing Cervical Cancer Disparities In Appalachia



Screening; Vaccination; Smoking Cessation

STRATEGIES

Partnering Health Systems: FQHCs



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Aims

- Test the effectiveness of an integrated cervical cancer prevention program designed to address three causes of cervical cancer

- Evaluate the impact of the cervical cancer prevention program at the clinics, including:
  - Implementation
  - Acceptability
    - Short term impact
    - Long term impact
  - Cost effectiveness
  - Sustainability

Underlying Principles of Implementation Science

- Implementation
  - Teach providers/systems “HOW” to implement and “WHY”
- Tailoring
  - Allow clinics to select evidence-based interventions and adapt to needs
- Secret Sauce
  - Communication
  - Trust

Building Trust with Communities

- Partners
  - Community-based Cancer Coalitions(7)
  - Community Advisory Boards (2)
  - Clinics/Health Centers (about 60)
  - Community Organizations (250+)
- Foundational Principles
  - Give-get Model
  - Stable presence – not helicopter
  - Listening, adapting, reacting
  - Meet community where they are

BARRIERS TO SUCCESS

Three Most Common Barriers

- Failure to understand how to effectively use Electronic Health Records
  - Can’t identify who needs screening
  - Screening rates aren't easily derived
  - Prompts and reminders could be used
- No follow-up protocols for abnormal tests
  - Develop responsible person
  - Procedures
- Reimbursement for Patient Navigation
  - Demonstrated to address needs of underserved populations
  - No reimbursement

STUDY POPULATION

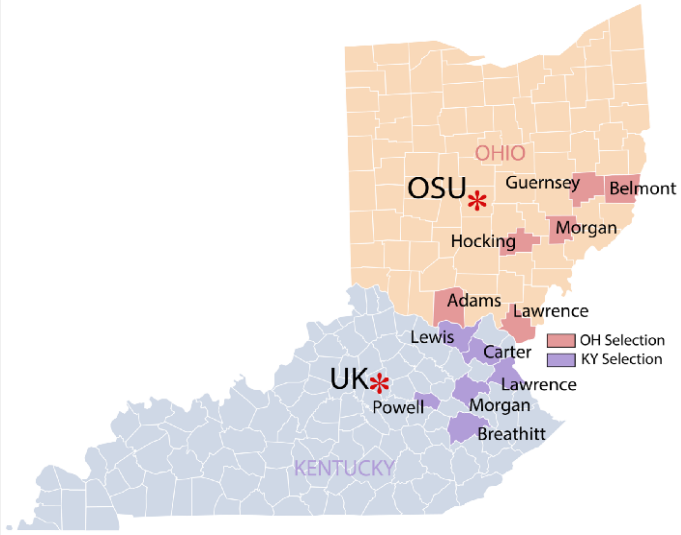
6 counties in Appalachian OH and

6 counties in

Appalachian KY

(12 total)

UG3 Pilot testing conducted in Lewis County (KY) and Guernsey County (OH)



Accelerating CRC Screening and Follow-up through Implementation Science

CONCLUSION

ACCSIS
Accelerating Colorectal Cancer Screening and Follow-Up Through Implementation Science

Success Story

- Implementation Science
  - ACCSIS in 6 Appalachian communities in OH and 6 in Kentucky
  - Each clinic has different barriers, needs and abilities
  - Able to customize EBIs recommended to each clinic's abilities/needs
  - We serve as technical advisors
- Pilot Clinic in Ohio – Quaker City
  - Clinic staff agreed to implement FIT outreach
  - FIT tests accepted and returned
  - Abnormals navigated to colonoscopy
  - Patient had 10 polyps removed
  - Prevented cancer in this patient

Thank You

To learn more about Ohio State's cancer program, please visit **cancer.osu.edu** or follow us in social media:

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