

# *Strategies for Improving Cancer Screening and Diagnosis in Rural Appalachia*

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**A CANCER FREE WORLD STARTS HERE**



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# Disclosures

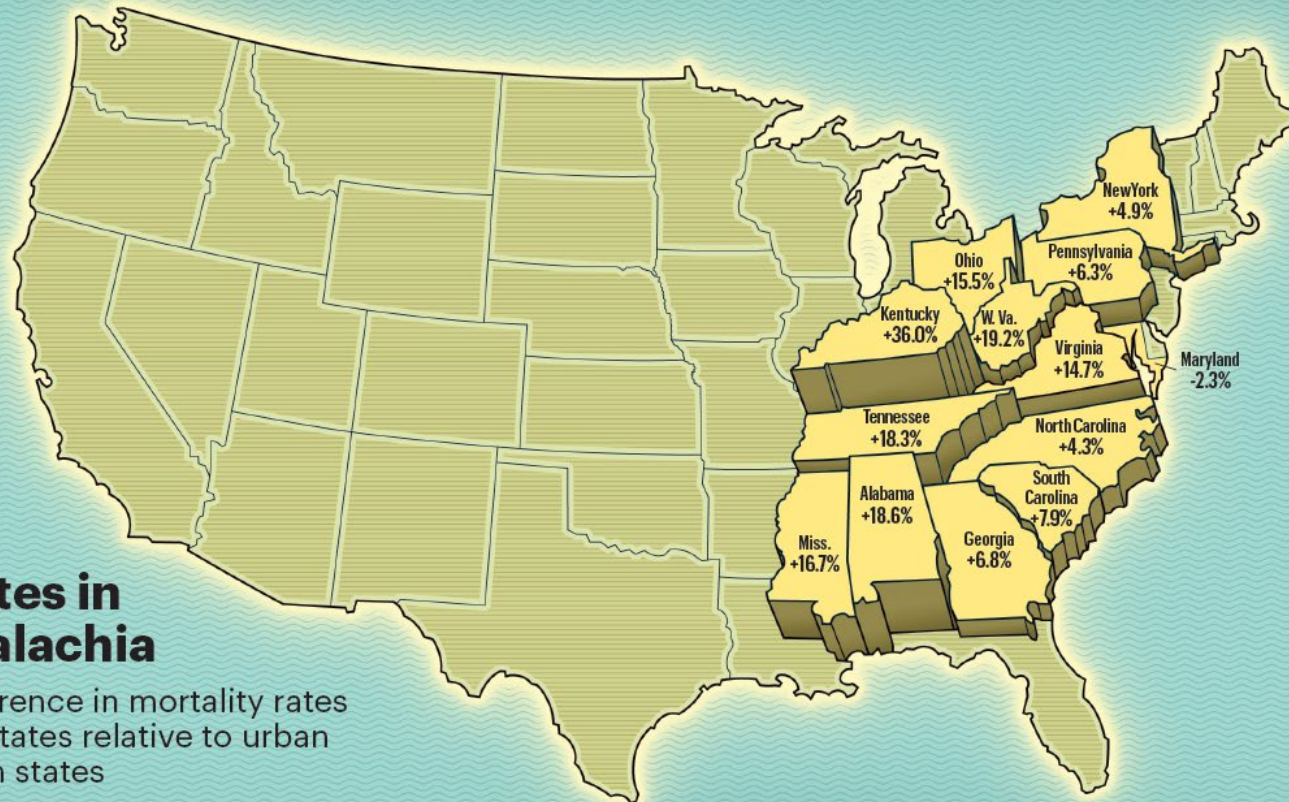
- Grant funding to the Institution (last 2 years):
  - Pfizer
  - Merck Foundation
  - Breast Cancer Research Foundation
  - Bradley Cooper Foundation
  - FoxConn Technology Group
  - Susan G. Komen Foundation
- Appointments:
  - Member, National Cancer Advisory Board, NCI
  - Member, Ohio Commission on Minority Health, State of Ohio
  - Member, NCCN Survivorship Guidelines Panel



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## Cancer Rates in Rural Appalachia

Percentage difference in mortality rates in Appalachian states relative to urban non-Appalachian states



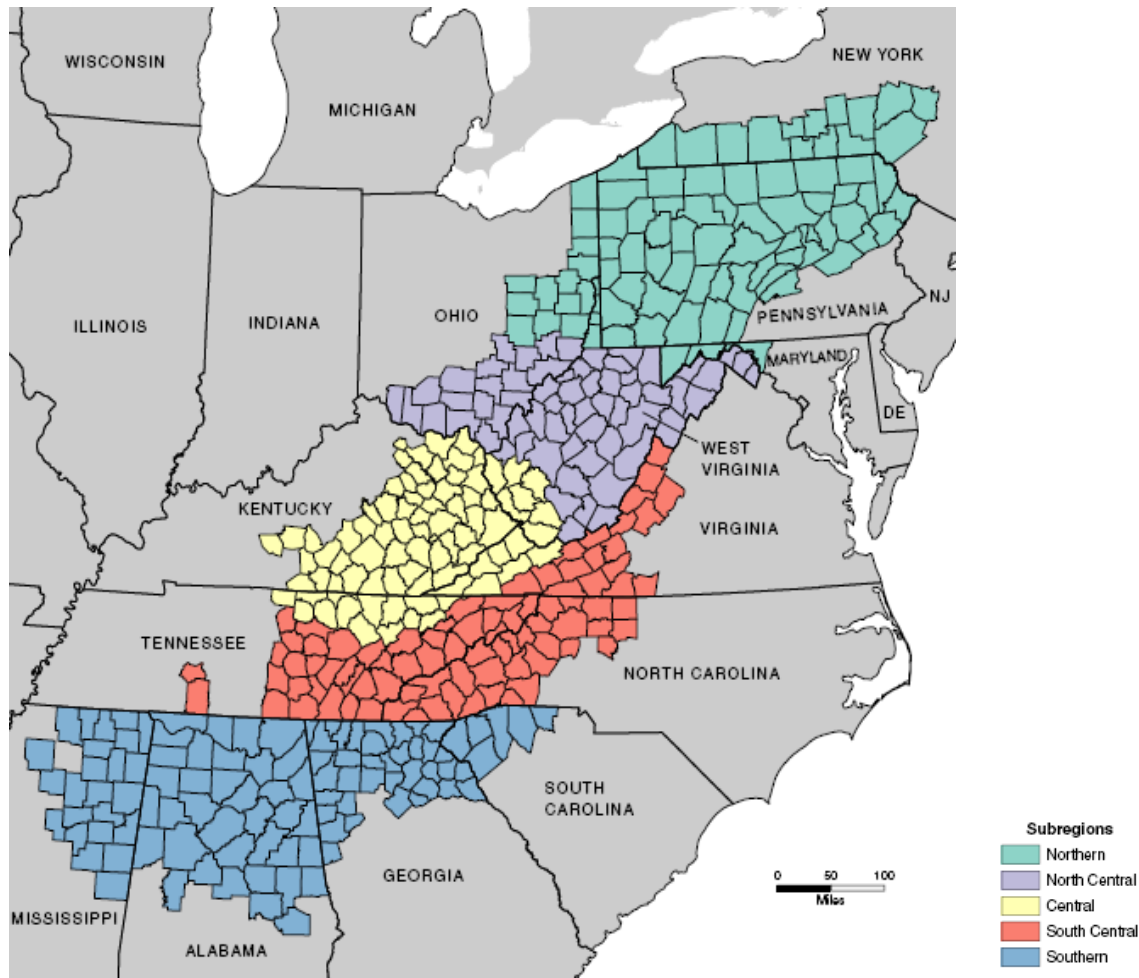
# *What is Appalachia?*

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# Appalachia



*(Appalachian Regional Commission, 2009)*

- Appalachia consists of 420 counties in 13 states
- 5 regions: Northern, North Central, Central, South Central and Southern
- Appalachian Regional Commission defined in 1965 in response to region's deficits
- 24.8 million residents (about 8% of total U.S. population)

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# Characteristics Of Appalachia

- Both urban and rural areas
- Less racial diversity
  - 12% minorities in Appalachia, 31% in U.S.
- Higher rates of poverty
  - Poverty rate: 16.6% in Appalachia, 12.3% in U.S.
  - 78 Appalachian counties are considered “distressed”
- Lower education
  - High school diploma: 77% in Appalachia, 81% in U.S.
  - Bachelor’s degree: 18% in Appalachia, 25% in U.S.

(\*\*All figures from Census 2000 data\*\*)



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# Health In Appalachia

- Appalachia is a traditionally underserved area in terms of the health care system
- Excess mortality exists in Appalachia
- Cancer is the leading cause of death
- Factors contributing to health disparities in region
  - Lower SES
  - Lack of medical care facilities and health care providers
  - Few specialists
  - Travel required for advanced care
  - Poor health behaviors
  - Poor communication with health care providers



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In Appalachia,

**“We don’t talk  
about cancer.”**





# Vignettes: System Level Problems in Screening and Diagnosis

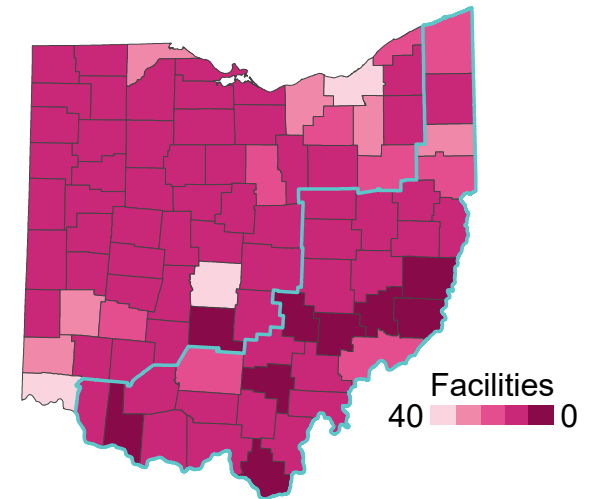
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# Capacity to Screen and Diagnose in Appalachia

- Cervical Cancer Follow-up
  - 48 women with abnormal Paps needing follow-up
  - Established a free clinic in Gallia County for women with abnormal Pap tests: over 100 women examined with 6 requiring further treatment
  - Health Department: **“We want to develop the capacity to treat our own.”**
- Breast Cancer Screening
  - 7 counties have no mammogram facilities
  - Bring mammogram van from OSU
  - **Continuum of care navigation assures follow-up**
  - Over 2500 mammograms completed in 5 years; 48 cancers detected

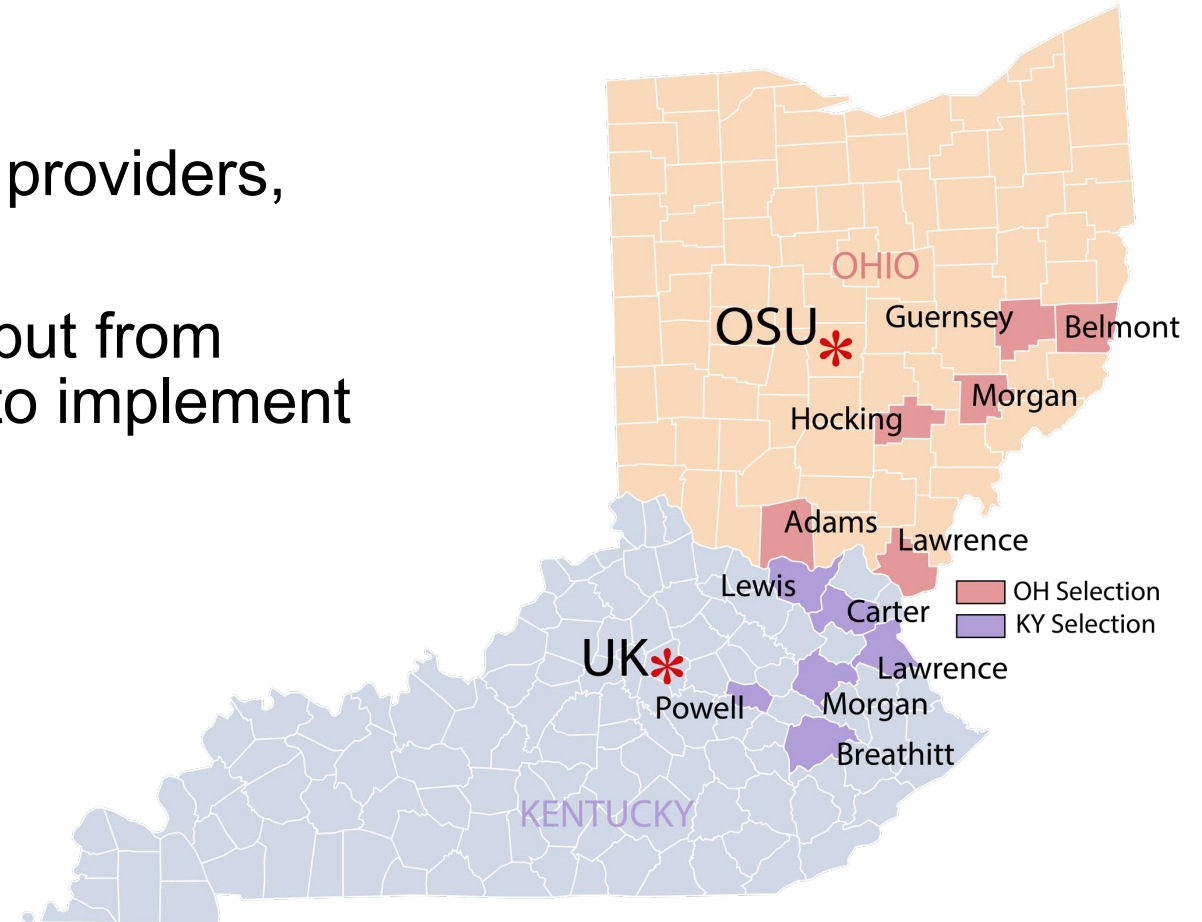
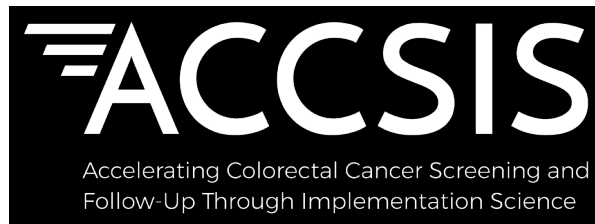


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*Breaking the cycle of despair: One woman's battle for the health of Appalachia, STAT News. June 20, 2016;*  
*Ginsberg, CANCER, 2020*

# Accelerating Colorectal Cancer Screening through Implementation Science (ACCSIS): Appalachia

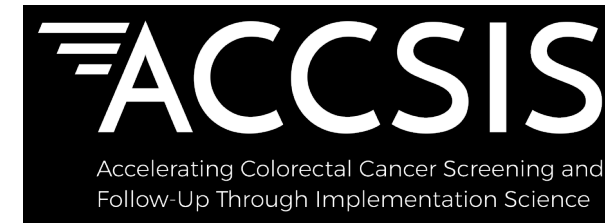
- 6 counties in OH; 6 counties in KY
- Multi-level focus: community, clinics, providers, patients
- Implementation Science Methods: input from multiple levels to decide which EBI's to implement
- Disseminate successful strategies



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# Colorectal Cancer Screening and Follow-up

- One FQHC:
  - Small, few staff
  - Not confident in ability to mail out FIT kits
  - Barriers to CRC screening included lack of time to discuss test during visit
  - Screening rates were about 30% and follow-up rates were low – no SOP
- Implementation strategies:
  - Staff chose FIT mailings
  - **Realized they COULD do it**
  - Developed plan
- Outcome:
  - Patients were receptive to FIT kits
  - Several had positive tests
  - Navigated positives to colonoscopy
  - Patients had polyps removed – positive feedback for staff to continue



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# *Take Home Messages*

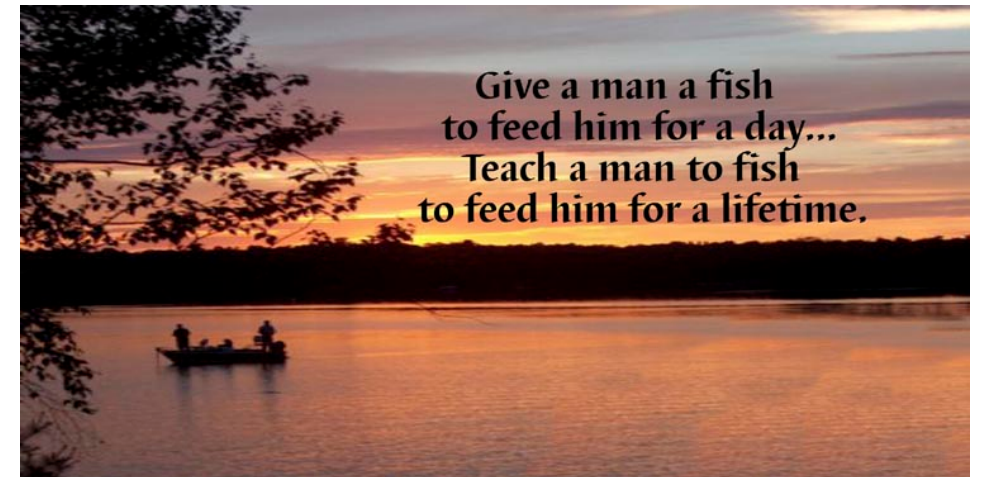
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# Local Solutions Solve Local Problems

- Despite barriers:
  - Providers want to provide the best care to their patients/community
  - Community is receptive to messages about improving health, depending on how messages are delivered and by whom
- To reach communities:
  - Meet where they are (literally and figuratively)
  - Their individual barriers must be addressed
  - Develop capacity locally
    - New capacity
    - Bring services
  - Act with their benefit in mind
  - Use Patient Navigation
  - Use implementation science strategies



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**Thank you!**



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