



#### **Conversation 4: Removing Barriers and Seizing Opportunities to Improve Cancer Screening and Prevention in Rural Areas**

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##### **Practical Actions**

- Alaska Medicaid does not include pap smears → would be practical if they did
- Modify approach → 30 second pitch with medical director to build trust and collaboration
- Give patients options for CRC screenings ( utilizing FIT kits)
- Send out mobile service vans/ mobile clinics to underserved populations
- Provide incentives
- Offer \$5 Pap smear days once a month
- Partner with community agencies
- Coordinate with other organizations to combine care/ follow up
- Remove extra step of scheduling appointment with colonoscopist → Have a protocol in place to reduce barrier; streamline the process
- Ask rural communities to see what THEY need from US

##### **What are common challenges to providing cancer screening/prevention services to people who live in rural areas?**

- Transportation
  - Lack of infrastructure on roads
  - Distance between clinics
- Unemployment
- If screening is positive, where to go for access to care?
- Individuals persona – “rugged cowboy mentality” → do not need to seek care, can take care of themselves
- Agricultural state – hard to take days off of work to go to the doctors

- Health literacy and health insurance illiterate
- EHR systems not coordinating with each other
- Mistrust of the health system and western medicine
- Insurance coverage
  - Very high deductible, some do not want to use Medicaid
- Areas are medically underserved
  - High turnover of providers
  - If there is only one doctor in the area and community members do not like him/her—they will not go

**Which strategies work well in leveraging existing resources to help overcome these challenges?**

- Engage with community churches
- Sent visiting providers to do pap smears
- Screening mammograms → bringing services to the community
- Validating support
- Send FIT kits with gloves and toilet covers
- Motivational interviewing with patient navigators
- Use health information technology specialist to provide support/ technical assistance and train providers
- Community champions
- Start colonoscopy conversation before patient turns 50
- Use informal approach for FIT testing → “Your mom did it, now it is your turn”
- Use incentives- gas cards, grocery gift cards

**How have policies, systems or programs either reduced or increased challenges to provide cancer screening/prevention in rural areas?**

- Reduced
  - Law in Kentucky: If the FIT test is positive, it has to be coded as screening so the patient does not have out of pocket costs
  - Mailing out FIT kits
- Increased

- Abnormal FIT cost – Patients paying out of pocket costs when they thought it was fully covered
- Educating all providers on coding FIT positive tests as screening
- Emphasis on patient education over technology
- Need more leadership training

**Name a ‘success story’ with good expansion of cancer screening/prevention services in a rural area and identify key elements for that success.**

- Talk to industry and provide services at work places during lunch breaks
- Provide services in the evenings to people will not have to take time off of work
- Motivationally trained Patient Navigators
- Use partners in the community to host screening events
- FluFIT events- provide FIT kits when they get their flu shots
- MammoFIT event

**What practical actions can be taken to improve cancer screening/prevention in rural areas?**

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