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Background

- Despite declining CRC mortality, rural areas like Eastern North Carolina remain "hotspots".
- The Community Preventive Services Task Force recommends the use of multicomponent interventions to increase CRC screening rates.
- Few multicomponent interventions have been delivered in rural CRC hotspots.
- The Scaling Colorectal Cancer Screening through Outreach, Referral, and Engagement (SCORE), intervention seeks to increase CRC screening rates via a multicomponent intervention consisting of strategies to increase patient demand and remove structural barriers to screening.
- Understanding patient perceptions of a multicomponent CRC screening program can provide information to guide the adaptation of interventions implemented in rural areas.

Goals and Objectives

- The goal of this study was to explore rural patients' perceptions of a mailed FIT program as part of the SCORE intervention pilot

Figure 1. SCORE Intervention

SCORE Intervention	Description
Components	Increase Client Demand <ul style="list-style-type: none"> Centralized mailed FIT program Small media & client reminders
	Remove Structural Barriers <ul style="list-style-type: none"> Patient navigation for individuals with abnormal results
Eligibility Criteria	<ul style="list-style-type: none"> Age 50 - 75 Active patient at participating clinic site (Last visit within prior 18 months) Average CRC risk Due for CRC screening (Stool test >12 months, Colonoscopy >10 years)

Methods

Interview Eligibility

- SCORE participants receiving a mailed FIT test between February - May 2019.
- Participants who did not complete the test or completed the test and received negative results. (Completers with positive results were contacted at a later date.)

Sampling

- Maximum variation sampling was used to balance age, gender, race, and FIT test completion status of interview participants.

Data Collection and Analysis

- Qualitative interviews were conducted between July - September 2019, recorded and professionally transcribed.
- Thematic analyses were employed to generate overall themes and to compare participants by completion status.

Results

- Selected participant characteristics are displayed by completion status in Table 1. Numbers in table are percentages.

Table 1. Participant Demographics n = 10

Characteristics	FIT Completers	FIT Non-Completers
	n=5 %	n=5 %
Age (Years)		
50-64	40	40
65+	60	60
Gender		
Male	40	40
Female	60	60
Race		
White	40	20
Black	60	80
Education		
Less than HS	0	20
HS Graduate	40	40
Some College or More	60	40
Prior History of CRC Screening		
Yes	60	0
No	40	100

Themes

SCORE participants indicated **privacy and convenience** as benefits of a mailed FIT test.

"And actually, I was more comfortable with it coming through the mail. You know, you're walking out of the doctor's office and everybody's like ... it's none of their business. It's more confidential coming through the mail." – Black Female, 65+, Completer

All participants described **logistical issues common in rural areas** such as receiving and sending mail and actions they took address these challenges.

"I think I've had to replace four mailboxes. They get... especially...this time of year will come by with a wide tractor or something and knock them down and destroy them." – White Male, <65, Completer

Comparing experiences by completion status revealed several FIT completers were notified by a provider of the FIT mailing prior to receipt. Prior experiences with CRC screening varied by completion status and appeared to shape CRC screening attitudes.

FIT Completers

FIT was easier than previous stool tests.

"...about eight or ten years ago I had a colonoscopy....next thing I had a one of the older home tests, and I did that and sent that in, and that was fine. And then this one, which was a little more advanced and a little less messy." – White Male, <65, Completer

FIT was preferred to colonoscopy.

"...this is the first step before you go get a colonoscopy, and I'd rather do this than a colonoscopy. That's just who I am..." – Black Female, 65+, Completer

FIT Non-Completers

Few were aware of stool tests as a CRC screening option

Interviewer:...before getting our mailings, you said your doctor talked to you about it and about possibly getting a colonoscopy but– you had a certain fear, it was something that you didn't want to do. Did you ask her if there any other tests you could possibly take?

Participant: No, I didn't ask her at all was there any other test that I needed to take. I just left it at that. Black Female, 65+, Non-Completer

Accuracy was also a concern for non-completers

"...maybe there is blood from hemorrhoids or I don't know what they look for in it for one thing. I don't know exactly what they look for when you do your sample. I don't know if its blood, something else that they're looking for." – Black Male, <65, Non-Completer

Conclusion

Our findings suggest that multiple factors, such as prior CRC screening experiences, endorsement of a provider, and attitudes towards specific CRC screening tests contribute to FIT test completion. Additional strategies to reduce structural barriers and increase client demand, specifically among those without a prior screening history, may be necessary intervention strategies to increase CRC screening rates in rural areas.