

Adaptation of mailed FIT kit and patient navigation intervention for CRC screening among Hispanics/Latinos

Background

- ✦ Colorectal cancer (CRC) remains a leading cause of cancer death in the U.S.¹
- ✦ Rates of CRC screening are particularly low among Spanish-speaking Hispanic/Latino populations; only 31% of Spanish-speaking Hispanics/Latinos report current CRC screening, compared to 62% of non-Hispanic whites.²
- ✦ ProCRCScreen is a health-system based CRC screening program that combines two evidence-based strategies for increasing CRC screening: a mailed FIT program and patient navigation.^{3,4}

Objective: to culturally and linguistically adapt ProCRCScreen materials by eliciting direct input from Hispanics/Latinos through focus groups.

Methods

Participants were recruited through bilingual flyers in health clinic waiting rooms, clinician referral, and community outreach. Four focus groups were conducted at Harborview Medical Center and at a community-based organization in Seattle-Metropolitan area.

Eligibility criteria

- ✦ Hispanic/Latino
- ✦ 50 – 75 years of age

Results

Focus Group Themes

- ✦ Suggestions on FIT Kit Instructions
 - The original FIT kit instruction was difficult to follow; have a clinic staff educate on the collection process.
 - Numerate the stool collection steps
 - Add an image of a person, clarifying the amount of stool to be collected
 - Insert simple text instructions and clarify return dates
- ✦ Importance of a Patient navigator
 - Most participants have not had a previous experience with a patient navigator but preferred to have one in the future.
 - When the patient navigation role was described, there was an overall sentiment on the importance of having access to culturally- and linguistically-concordant navigators for questions and clarifications.
 - A patient navigator could assist with the delivery of the FIT results and reminders to complete a CRC screening test.



- ✦ Utility of the Initial and Reminder Letter
 - There was an overall lack of interest about the initial and reminder letters.
 - Participant indicated that some people do not read and have poor eyesight.
 - If letters are used, they should be brief because too much information could scare patients from doing a CRC screening test.

Overall Key Findings

- ✦ The original FIT kit instruction was difficult to follow
- ✦ Education from clinic staff on the stool collection process is critical for completing the FIT test
- ✦ Reminder letters for FIT test completion may be construed as going through a cancer diagnosis
- ✦ Patients showed preference for verbal reminders
- ✦ Culturally and linguistically concordant patient navigators are critical to accessing healthcare



Demographics of Participants (n=22)

| Characteristics | n | % |
|-----------------------------|-------------|------|
| Mean Age (SD) | 61.3 (6.35) | |
| Gender | | |
| Male | 8 | 36.4 |
| Female | 14 | 63.6 |
| Marital Status | | |
| Married/living with partner | 7 | 31.8 |
| Non-married | 15 | 68.2 |
| Mean Education (SD) | 6.5 (4.15) | |
| Employment | | |
| Full/part-time | 6 | 27.3 |
| Not employed | 16 | 72.7 |
| Income | | |
| <\$15,000 | 15 | 68.2 |
| \$15,000 - \$34,999 | 2 | 9.1 |
| English Proficiency | | |
| Not at all/not well | 19 | 86.4 |
| Well/very well | 3 | 13.6 |
| Insurance | | |
| Private | 3 | 13.6 |
| Public | 10 | 45.5 |
| Uninsured | 9 | 40.9 |
| General Health | | |
| Excellent/very good/good | 7 | 22.8 |
| Fair/poor | 15 | 77.2 |

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References

1. Siegel R, Miller KD, Jemal A. *Cancer statistics, 2017*. *CA: A Cancer Journal for Clinicians* 2017;05 January
2. Liss DT, Baker DW. (2014) *Understanding current racial/ethnic disparities in colorectal cancer screening in the United States: the contribution of socioeconomic status and access to care*. *American Journal of Preventive Medicine*;46(3):228-36.
3. Cole AM, Esplin A, Baldwin LM. (2015) *Adaptation of an evidence-based colorectal cancer screening program using the Consolidated Framework for Implementation Research*. *Preventing Chronic Disease*; 12: E213.
4. Green BB, Anderson M, Chubak J, Baldwin LM, Tuzzio L, Catz S, Cole A, Vernon SW. (2016) *Colorectal cancer screening rates increased after exposure to the patient-centered medical home*. *Journal of the American Board of Family Medicine*; 29(2):191-200.