



## CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Award ID:  
PP150009

Project Title:  
ACCION for Rural West Texas

Award Mechanism:  
Evidence-Based Prevention Programs and Services

Principal Investigator:  
Byrd, Theresa

Entity:  
Texas Tech University Health Sciences Center

### Lay Summary:

Need: Our target service area is West Texas, specifically Lubbock County and the eight contiguous surrounding counties. This region is largely rural. The area is largely medically underserved and has rates of colorectal cancer (CRC) equal to or often greater than the rest of Texas and the United States. Rates of CRC incidence and mortality are especially higher in the Hispanic population. The area has a significant Hispanic population at 37%, with the smallest percent of the population in Lubbock County (32%) and the highest in Hale County (56%). According to the Texas Cancer Registry, the incidence rate of CRC in COG2 is similar to that in Texas as a whole (41/100,000), but is higher in Floyd County (46/100,000) and in Terry County (57/100,000). The incidence rate among Hispanics in Lubbock county is higher as well (54.6/100,000) and this is probably true in the other counties, though there are no data available on Hispanics in the other counties. In COG2, the incidence rate among Hispanics is higher than rates on the US Mexico border. Mortality rates from CRC are similar in COG2 and in Texas (15.8 and 15.7/100,000 respectively). The mortality rate for Hispanics in COG2 is higher at 16.3/100,000 vs 13.6/100,000 in the State. The incidence of CRC in the African American (AA) population in COG 2 is lower than the AA rate in Texas (50 vs 54.9/100,000) and the mortality rate is the same (25/100,000). Clearly the incidence of CRC and mortality among AA residents of COG 2 is high, as it is in the rest of the state. Regular CRC screening using the Fecal Immunochemical test (FIT) which can be done at home by the person being screened and mailed to the lab for analysis, or using colonoscopy in the case of a positive FIT test or a strong family history of CRC can reduce the amount of CRC (by finding pre-cancerous polyps and removing them) and reduce death from CRC. According to the BRFSS screening data for Lubbock in 2010, 88.2% of adults over 50 had not had an FOBT in the last two years, and 35.6% had never had a colonoscopy or flexible sigmoidoscopy. These rates are not reported but are expected to be higher in the rural counties surrounding Lubbock because of lack of access to clinical services and because of the higher percentage of Hispanic residents who in Texas have much lower rates of screening. It is important to increase the number of people between the ages of 50 and 75 who are screened for CRC. Overall Project Strategy: This project will be based upon the successful ACCION project in El Paso, Texas. Dr. Byrd is the Co-PD of that project and assisted in the development of the components of the program. ACCION is a multi-component evidence-based program, which was developed after the identification of successful interventions that would be most applicable to the El Paso community. We will work with the local communities to modify the program for Rural West Texas. The program will include outreach through community organizations and Federally Qualified

Health Centers, education about CRC delivered by community health workers using a video and flipchart, provision of testing including free FIT testing and colonoscopy as needed, and navigation to assist our participants in completing their testing and in finding health care coverage and treatment for cancer as needed. The education will be delivered to anyone in the area, while the free testing will be available only to those who are uninsured, or underinsured in that their plan will not cover screening. Insured people will receive education and a letter that they can take to their doctor encouraging the physician to order CRC screening. Specific Goals: 1) Increase community awareness and knowledge about CRC and CRC screening guidelines 2) Influence community attitudes and beliefs about CRC screening 3) Increase CRC screening rates in the uninsured and underinsured residents of COG2, with a special emphasis on our rural population. 4) Provide navigation to increase uptake of treatment services for CRC to reduce the number of advanced cases 5) Build a sustainable screening, diagnosis and treatment network for CRC We expect to educate over 5,000 people in rural West Texas and to provide over 2500 CRC tests (including FIT and colonoscopy). Innovation: We will modify a project that has been shown to work in El Paso, Texas by including community members in the process. Community health workers exist and are being trained in the West Texas region, but have not been as active as in other parts of the state. This will be a program in which community health workers will be trained and involved in the delivery of CRC education to people in their own communities. Significance and Impact: If successful, this project will increase CRC screening and diagnosis and removal of precancerous polyps in the region and will decrease the number of people getting CRC and the number dying from CRC.