



CANCER PREVENTION & RESEARCH INSTITUTE OF TEXAS

Award ID:
PP150064

Project Title:
University Health System Evidence-Based Colorectal Cancer Prevention
Screening Program

Award Mechanism:
Competitive Continuation/Expansion - Evidence-Based Cancer Prevention
Services

Principal Investigator:
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Entity:
University Health System

Lay Summary:

Need: The U.S. Preventive Services Task Force recommends colorectal cancer (CRC) screening for adults 50 years and older; however, over the past decade screening rates among Hispanics in South Texas have remained low. Distinct cultural constructs acting as barriers are resulting in more cases of advanced stage CRC and larger tumors at diagnosis compared to other ethnicities. In San Antonio, Bexar County of Texas, Hispanics have higher CRC incidence and mortality rates compared to Texas rates. This puts Hispanics at greater risk of advanced cancer, treatment-related complications, and death compared to other ethnicities. In 2006-2010 compared to the state, Bexar county incidence and mortality rates were lower for all ethnic groups, except for Hispanics; 43.0% reported not receiving a colonoscopy compared to 38.5% for Texas. Moreover, in our target population of uninsured, low income Hispanics residing in medically underserved areas, only 3% of patients over age 50 had a colonoscopy. Many people in this population lack health insurance and easy access to facilities where screening services are available. More importantly, many factors like cultural barriers, low health literacy, traditional health behaviors, account for why Hispanics are underscreened. However, these obstacles are circumvented by developing and implementing comprehensive programs that focus on increased screening rates and monitoring performance of early detection programs, by establishing a strong connection between Patient Navigator (PN), patients and their family, such as the proposed A Su Salud Colorectal Cancer Screening Navigation Program.

Overall Project Strategy: University Health System is determined to eliminate barriers associated with access to cancer screening for underserved Hispanic populations, and thus reduce the burden of advanced stage CRC. Cultural barriers, such as pudor, machismo, fatalismo along with financial, transportation and social concerns prevented our targeted population from obtaining CRC screening services. To overcome these barriers, we propose a three-tiered screening services program. Depending on eligibility, we will offer a program of sustainable services that will include navigation, scheduling, follow-up, transportation and home visits and procedure preparation instructions. Follow up services and results reporting will also be provided. These components will be delivered using culturally sensitive, bilingual, gender concordant PN and colorectal surgeons. We will also provide community resource connections, such as CPRIT-funded programs and information regarding other no cost services.

Specific goals: Through our initial program, we provided 369 colonoscopies to

uninsured Hispanic males. It is important to stress that the patients that received CRC screening services had never been screened and had no plans to be screened. By capitalizing on our prior success and through delivering services in a culturally-sensitive and gender concordant manner, we plan to expand our program to include female patients. This project proposes navigation services, which includes in-home education sessions with the patient and their family for 1,584 patients over the period of three years. For those patients, we plan to provide 980 no cost screening services, transportation, and procedure preparation medication for uninsured patients, while transportation only services will be provided to 222 insured patients and scheduling only services to 382 insured patients. The uninsured patients will be all members of CareLink, a financial assistance program offered through University Health System to Bexar County residents whose income is below 200% Federal Poverty Guidelines. Significance and Impact: In 2013, the CRC screening rate was 3%. By addressing major screening barriers through a PN, and the provision of no cost services, we propose to have a 10% increase in screening rates in addition to connect insured patients with appropriate preventive services either available through other programs or covered under the Affordable Care Act. By overcoming deep rooted cultural barriers to preventive cancer screening for uninsured and insured patients alike, the gains in health behavior and decision making will impact future preventive care decisions, improving health and outcomes while lowering cost. Overall effectiveness will be determined by evaluating process, outcome, and efficiency measures to improve, expand, adapt and implement this program in other health care systems. The proposed program is designed to yield qualitative descriptive narratives and quantitative data for statistical analysis. In addition to outcomes directly improving the lives of patients, the initial program was low-cost compared to standard of care (\$4,913 vs. \$6,061) and resulted in a cost of \$3,765 per quality-adjusted life-year and \$5,280 per life-year, in favor of the navigation program and similar savings are expected for women.