

# Addressing Barriers to Colorectal Cancer Screening Learning Collaborative

Session 4: Interventions Engaging CHWs



# Housekeeping

- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



# TODAY'S SPEAKERS



**Jose Leon MD**  
Chief Medical  
Officer



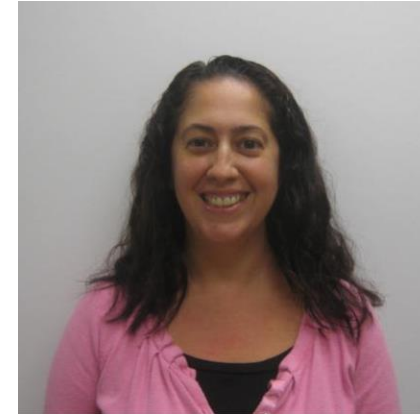
**Fide Pineda  
Sandoval, CHES**  
Manager of Training  
& Technical  
Assistance



**Ana Velez, RN-BSN**  
Clinical Outcomes  
Manager



CAMILLUS HEALTH CONCERN



**Noemi Romo, BS,  
BA**  
Director of Health  
Education Services



**LA MAESTRA**  
COMMUNITY HEALTH CENTERS  
City Heights · El Cajon · National City · Lemon Grove



## Ice Breaker

- What is the best concert or festival you have ever been to?

# Learning Collaborative Expectations

1. Make a personal commitment to come prepared and to actively contribute to the group. (all sessions are interactive)
2. Be willing to make mistakes
3. It's always OK to say "pass" or that you don't know.
4. Respect differences in people's background preparation and thinking styles.
5. Assume that everybody in the group is doing their best and working to progress. (Peer-to-peer learning)
6. Give each other the opportunity to speak and ask questions.
7. If you have been speaking a lot, step back and give others a turn.
8. Be an active listener: listen fully and ask for clarification if needed.
9. Help others clear up confusion productively, focusing on the points of confusion and not the person.
10. The participants, SMEs and facilitators all learn from each other.



# Learning Objectives

1

Review CPSTF recommendations regarding the role of CHWs in colorectal cancer screening

2

Identify CRC screening interventions in the community and the clinical site

3

Discuss interventions that engage CHWs in colorectal cancer screening

# Case Study

Maria, a CHW, works for a health center in MD. Today, she is visiting a public housing community promoting colorectal cancer screening among eligible patients living in that community. She meets Carlos who has never been screened for CRC.

Carlos, a 60-year-old Hispanic male, knows little English, and lives alone in a low-income public housing neighborhood. He depends on the bus and carpooling for transportation. He has a significant physical disability requiring a walker for stability in ambulating. During a short conversation, Carlos tells Maria that he is not a patient of "the community clinic" and has never been screened for colorectal cancer. Carlos does not want to have his colonoscopy done. He says, "Maria, I can go to the dentist and have him look down my throat...the other end... that's very private."

# CHWs and Colorectal Cancer Screening

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The Community Preventive Services Task Force (CPSTF) recommends interventions that engage community health workers to increase screening for colorectal cancer by colonoscopy or fecal occult blood test (FOBT). Economic evidence shows these interventions are cost-effective and may also result in net cost savings.





# Major Findings

The CPSTF recommendation is based on evidence from a systematic review of 66 studies (search period through July 2017). Included studies evaluated intervention effects on breast (36 studies), cervical (29 studies), or colorectal (17 studies) cancer screening use.

- Interventions that engaged community health workers, independently or as part of a team, increased colorectal cancer screening when compared with no intervention or usual care (17 studies).
- Interventions that aimed to both increase community demand of, and improve access to, screening services reported the largest increases in screening rates (22 studies across breast, cervical, and colorectal cancer screening).

Interventions that engage community health workers to increase colorectal cancer screening are typically implemented in underserved communities to improve health and can enhance health equity.

# CHWs Roles and Functions

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The roles and functions of CHWs are as follows:

- Cultural mediation between communities and health and human services system
- Culturally appropriate health education and information
- Ensuring people get the services they need
- Informal counseling and social support • Advocating for individual, community needs
- Providing direct services, mainly in remote areas, and meeting basic needs
- Building individual and community capacity



# Cancer Screening Interventions by Category

## Increase Community Demand

Group education

One-on-one education

Client reminders

Small media

## Increase Community Access

Interventions to reduce structural barriers:

Reducing administrative barriers

Assisting with appointments scheduling

Providing transportation

Providing language translation

Providing child care

Source: CPSTF

# Training Received by CHWs/PNs

- General screening guidelines
- Patient support care
- Communication skills
- Motivational interviewing
- Project information
- Diagnosis/treatment
- Assessing and overcoming barriers
- Screening programs/resources
- Computer skills and administrative procedures
- Culturally appropriate care
- Providing referrals
- Confidentiality
- Not discussed



**Source:** Use of Community Health Workers and Patient Navigators to Improve Cancer Outcomes Among Patients Served by Federally Qualified Health Centers: A Systematic Literature Review

# CHW/PN Supervision, Medical team integration, Compensation, and Work integration



## **Supervision:**

Research PM/Investigator  
Health center administrative staff  
Social worker navigator  
Outreach coordinator  
Title not specified

## **Medical Team Integration:**

Communicate directly with providers  
Integrated into health center team  
Limited contact with clinicians  
Not specified

## **Compensation:**

Paid  
Volunteer  
Not Disclosed

## **Designation:**

Part-time  
Full-time  
Not discussed

**Source:** Use of Community Health Workers and Patient Navigators to Improve Cancer Outcomes Among Patients Served by Federally Qualified Health Centers: A Systematic Literature Review

# Case Study



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# Case Study Questions

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What are Carlos's barriers to get screened for CRC?

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Does Carlos have enough knowledge about CRC screening?

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What training does Maria need to help Carlos?

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How can Maria help Carlos to get screened for CRC?

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Maria is assisting the HC in identifying and providing information in the community. What other roles could she have as part of a team?



# CAMILLUS HEALTH CONCERN

## Challenges and Opportunities for Community Colorectal Cancer Screening

Francis Afram-Gyening, Chief Executive Officer

Dr. Chandra Jennings, Medical Education & Community Outreach Coordinator

Ana Velez, RN-BSN, Clinical Outcomes Manager





CAMILLUS HEALTH CONCERN  
GOOD SHEPARD HEALTH CENTER  
336 NW 5<sup>TH</sup> STREET  
MIAMI, FL 33128

# CAMILLUS HEALTH CONCERN

## SATELITE SITES:

NCL CAMPUS (2<sup>ND</sup> FLOOR)  
1545 NW 7<sup>TH</sup> AVENUE  
MIAMI, FL 33136

SALVATION ARMY  
1907 NW 38<sup>TH</sup> STREET, ROOM 195  
MIAMI, FL 33142



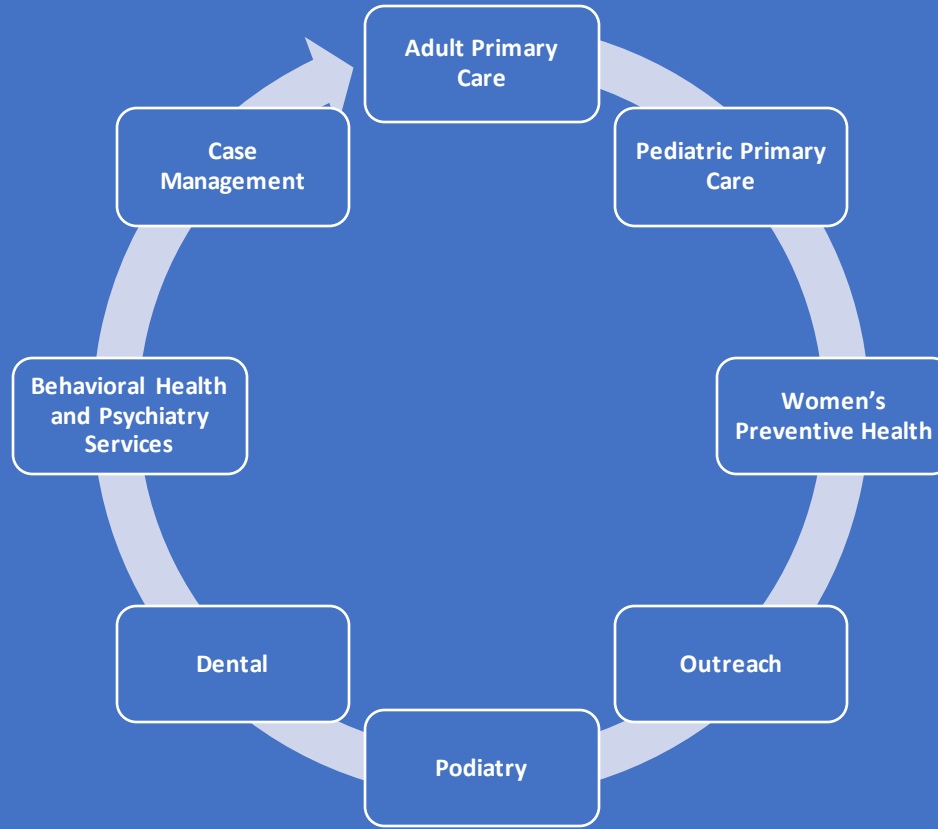
# THE HISTORY OF CAMILLUS HEALTH CONCERN

- Founded in 1985 by Brothers of Good Shepherd and now Hospitaller Brothers of St. John of God
- One of nearly 1,400 FQHCs nationally
- One of nearly 50 FQHCs in Florida
- The only FQHC whose mission is to provide healthcare services to those experiencing homelessness in Miami Dade County

# WHO WE SERVE

- Patients Served Annually: 6,050
- Total Visits: 35,620
- 3 Operating Sites:
  - Greer Building
  - NCL Clinic at Camillus House
  - Health Resource Center at Salvation Army
  - Outreach

# CAMILLUS HEALTH CONCERN SERVICES



# SCREENING STRATEGIES

- Patient Reminders
- Patient Incentives
- Colorectal Cancer Screening Champion
- Colonoscopies
- Quest FIT kit Mailout Pilot Program (Insured patients)
  - List of non-compliant patients
  - Quest sends kits by mail with instructions and postage-paid return envelopes
  - Results sent to CHC
- InSure One Kits: Sample water from toilet bowl instead of actual stool

# FACTS

## TRUE *or* FALSE?

Colorectal cancer is the 2nd leading cancer killer.

TRUE  FALSE

Both men and women get colorectal cancer.

TRUE  FALSE

Colorectal cancer often starts with no symptoms.

TRUE  FALSE

Screening helps prevent colorectal cancer.

TRUE  FALSE



1-800-CDC-INFO (1-800-232-4636)

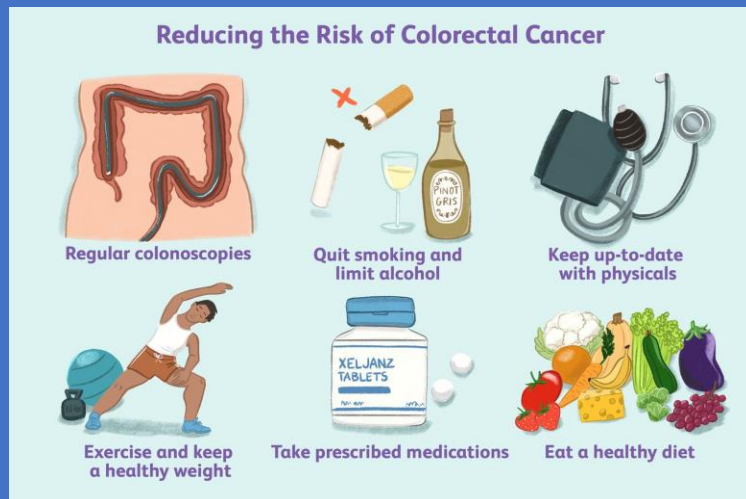
[www.cdc.gov/screenforlife](http://www.cdc.gov/screenforlife)

# CHALLENGES

- Underinsured or Uninsured
- Barriers to care entry
- Difficulty performing screenings
  - Collection errors due to SDOH
- Test preparation
- Social Stigma
- Long wait times
- Loss to follow-up

# WHAT CAN WE DO?

- Identify resources
- Incentives
- Education to reduce stigma
- Early and regular screenings
  - “FIT Days”
- Maintain a healthy weight
- Eat foods rich in fiber
- Eat limited red meat and processed foods
- Don’t smoke and limit alcohol
- Stay active





# Best Practices

- Outreach
  - Peer-to-Peer Outreach
  - Street Medicine
  - Community Engagement
- Education
  - Mixed Media
  - Posters
- Closing The Loop
  - Reminders\*
  - Testing and Follow-up
  - Incentives



# Who is Camillus Health Concern's Team?

- The CAB
  - The Consumer Advisory Board Members
  - Patients and community members who advocate for the clinic
  - Engage in direct community outreach and education campaigns
- Medical Students and Pre-Health Professional Students
  - Volunteer and assigned students
  - Provide health education in clinic and street medicine services
  - Assist clinic staff in performing colorectal cancer screening tests (ex. FIT)

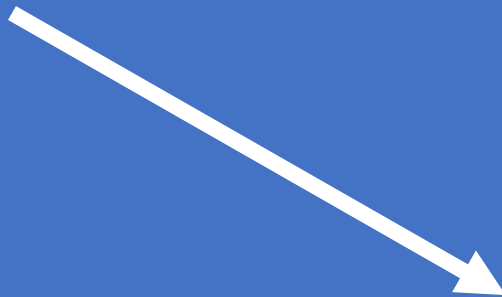
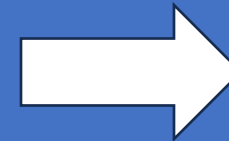
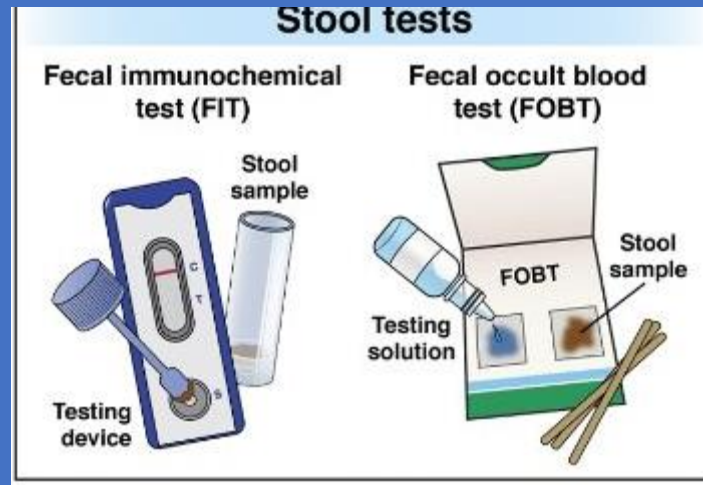


# Camillus Health Concern's Process

- Identify patients in need of screening
  - Annually and tracked throughout the year
  - Strategic team building
    - Planning
- Engagement Activities
  - CAB will utilize their community events calendar for opportunities to advocate for the clinic and educate peers and the general community
    - Health Fairs
    - Homeless Service Events and Donation Drives
    - Daily peer-to-peer health education in clinic
    - Incentive giveaways
- Street Medicine
  - Medical students educate the patients about age-specific preventative health screenings
  - Make phone calls/texts to patients about upcoming appointments and screenings
  - Guide patients through the in-clinic screening process (ex. FIT Days)
  - Assist staff with performing screening tests



# Outreach Results



THANK YOU



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# COLORECTAL CANCER SCREENING COMMUNITY ENGAGEMENT EFFORTS

LA MAESTRA COMMUNITY HEALTH CENTERS  
SAN DIEGO, CALIFORNIA



## LA MAESTRA COMMUNITY HEALTH CENTERS



- 📍 La Maestra is a Federally Qualified Health Center serving the communities of San Diego since 1986.
- 📍 Initially, La Maestra was an amnesty center focused on assisting people with their permanent residency and citizenship.
- 📍 In 1990, La Maestra Family Clinic was founded after identifying that the communities served were in need of linguistically and culturally appropriate medical care.
- 📍 The La Maestra *Circle of Care*® is a holistic, solution-based approach to addressing the health and wellbeing needs of our diverse emerging communities because complete family wellness requires more than just a trip to the doctor.  
La Maestra works to provide and connect communities to nutritious food, safe affordable housing, job training and other programs that promote wellbeing.
- 📍 La Maestra continues to expand our services and locations in response to the needs of our growing communities with the intention of empowering individuals in a linguistically and culturally respectful manner.

# ESSENTIAL LA MAESTRA STAFF



- 👤 Medically-Trained Cultural Liaisons (MTCLs)
- 👤 Community Health Workers (CHW)

- 👤 Health Educators
- 👤 Medical Staff





# COMING TOGETHER TO ENGAGE & SUPPORT OUR COMMUNITY

## Community Outreach Efforts

- Word of Mouth & Materials Distribution
- Social Media Platforms
  - Video & Flyer Posts
- Text & Letter Dissemination Campaigns
- Health Fair Events
- Community Partner Engagement Events
  - Workshops & Presentations
- Mobile Clinic Engagement




## Direct Patient Efforts

- One-on-one health education
  - Face-to-face & telehealth
- Medical assistant & lab technician efforts
  - 2023, 65% patients were screened
  - Looped into reminder campaigns
  - 2,000 patients received letters



# Q&A Session





# Complete our Post Evaluation Survey



# Contact us

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Thank you!

