Evaluating an Urban Community Health Center’s Patient Navigation Program to Improve Access to Colorectal Cancer Screening for LEP Asian Americans

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Background
Colorectal Cancer (CRC)
- 3rd most commonly diagnosed cancer and 2nd leading cause of cancer-related deaths in the U.S.
- Screenings allow early detection and survival.
- In NYC, Asian American Pacific Islanders (AAPIs) are less likely to undergo timely colonoscopies.
- CRC mortality rates among AAPIs:
  - Chinese American men - highest among AAPI women
  - Chinese American men - 2nd highest among AAPI men

Patient Navigation
- Individualized assistance offered to patients to help overcome barriers and facilitate timely access to quality medical and psychosocial care through all phases of the cancer continuum.
- Navigation promotes timely and comprehensive screening, diagnosis, and treatment.

Charles B. Wang Community Health Center (CBWCHC)
- CBWCHC is a federally qualified health center in NYC that provides primary care and other enabling services to the community. In 2013, CBWCHC served over 47,000 patients with 258,000 patient visits.
- CBWCHC’s patients are:
  - 95% Asian American
  - 89% Limited English proficient (LEP)
  - 83% low-income (200% FPL or lower)
  - 26% uninsured

Methods
We used a mixed methods approach to evaluate the program. Findings from each activity were summarized and results were categorized into main themes.

Evaluation Activities
- A patient experience survey was conducted by mail to 1,000 patients who had completed CRC screening through Patient Navigation visits between 10/2012 and 12/2012. Surveys were bilingual in Chinese and English. Respondents received a $10 gift card to a local bakery as an incentive.
- Two focus groups with patients who received Patient Navigation to complete CRC screening were conducted in Cantonese and Mandarin.
- One focus group with CBWCHC’s staff involved in Patient Navigation and/or CRC screening was conducted in English.

In-depth interviews were conducted with a total of 5 staff from community organizations who partner with CBWCHC to provide free or low-cost CRC screenings.

Results

Key Barriers to CRC Screening
- Patients, staff, community partners, and a review of the Patient Navigation database identified key barriers faced by patients:
  - Negative perceptions toward Colonoscopy
  - Lack of Awareness of the Importance of Preventive Care
  - Social Support


Lessons Learned
- Health Education that Targets Fears and Uses Personal Stories
- Culturally and Linguistically Competent Navigators
- Efficient communication channels through technology

Conclusion
- Patient Navigation successfully helped 76% of patients who contacted CRC screening visits. The evaluation highlighted common barriers toward screening among a predominantly uninsured and Asian American patient population.
- Patients have benefited from Patient Navigation through early detection of polyps, improved knowledge/attitudes, and providing social support throughout the steps of the screening process.

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