

Credit for Poster Session

CE credit may be approved for poster sessions held in conjunction with “live” programs. The formula used to determine actual poster session credit awards is 0.1 hour (i.e. 6 minutes) per poster. There should be at least five posters submitted for credit. To request poster session credit, list title, presenter(s) name/credentials, and objective(s), and summary for each poster in the CE application.

Posters will be on display throughout all three days of the conference and poster presenters will be available to discuss their work with attendees at designated poster session times:

Thursday, April 12, 2018 at 3:05 PM

Friday, April 13, 2018 at 9:10 AM

20 posters will be presented at the 2018 Dialogue for Action conference. Requesting 2.0 CE credits total for poster sessions (0.1 credits per poster).

Poster presentation information below

Author 1 (Name & Title):	Danielle Pinnick	Degree(s) 1:	MPH
Author 2 (optional):	Paul J. Carson	Degree(s) 2:	MD, FACP
Institution Name, City & State of each author:	North Dakota State University Center for Immunization Research and Education, Fargo, ND		
Poster/ Presentation Title:	Human Papillomavirus Prevention in North Dakota's Youth: Early Results of an HPV Educational Project Targeted at Health Care Professional Communication		
<p>Background: Human papillomavirus (HPV) is a common infection that is easily transmitted and can cause cancer in a number of anatomical sites in both males and females. Despite the availability of an extremely safe and effective vaccine for over a decade, HPV immunization rates remain low in North Dakota and throughout the United States in both boys and girls. In adolescents, HPV series initiation and completion rates are consistently below that of Tdap and MCV-4 – vaccines also administered at the 11-12 year-old medical encounter – indicating both parental refusal of series initiation, as well as provider reluctance to discuss or recommend the vaccine. A strong provider recommendation at the medical encounter is known to be a major predictor of vaccination acceptance for all vaccines, particularly HPV.</p> <p>Goals and Objectives: The project aim is to increase awareness and knowledge in medical providers throughout the state on HPV infection and HPV-related cancers, to increase provider confidence in and communication about the vaccine. This will translate into improved HPV vaccination rates in North Dakota adolescents.</p>			

Author 1 (Name & Title):	Carlton Allen & Program Manager	Degree(s) 1:	MS, CHES
Author 2 (optional):	Gabriela Orsak	Degree(s) 2:	PhD
Author 3 (optional):	Paul McGaha	Degree(s) 3:	DO, MPH
Institution Name, City & State of each author:	The University of Texas Health Science Center (UT Health Northeast), Tyler, TX		
Poster/ Presentation Title:	Expanding Access to Colorectal Cancer Screening Services in Texas		
<p>Background: In the US, colorectal cancer (CRC) is the fourth most frequently diagnosed cancer. In 2013, 136,119 people were diagnosed with CRC, with 51,813 dying from the disease. Compared to Texas as a whole, East Texas has higher incidence and mortality rates from CRC. CRC screening rates are lowest among the uninsured. East Texas is highly rural and low-income, with many uninsured, and with limited access to public transportation. We initiated a CRC screening program in East Texas, focusing on the un- and under-insured. The screening project, funded by the Cancer Prevention Institute of Texas (CPRIT), encompasses 19 counties in East Texas. CRC screening saves lives, yet screening rates among underserved populations, such as the uninsured and minorities, are low. CRC screening in asymptomatic patients can reduce the incidence and mortality of CRC as it: 1) Prevents CRC by polypectomy, 2) Finds early-stage cancers, leading to treatment with a high chance for long term survival, and 3) Identifies families at increased risk.</p> <p>Goals and Objectives: Our goals included 1) Increasing CRC screening education and access by providing CRC screening risk-benefit education to individuals in the area, and 2) Increasing the rate of CRC screening services by at least 10%, by tailoring support for CRC screening to the individual's intention.</p>			

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Author 3 (optional):	Ellen Baker	Degree(s) 3:	MD, MPH
Institution Name, City & State of each author:	The University of Texas MD Anderson Cancer Center, Houston, Texas		
Poster/ Presentation Title:	Improving cervical cancer screening and prevention by increasing provider capacity in low-resource settings in the US and globally		
<p>Background: Cervical cancer is preventable, yet globally 266,000 women die annually from this disease. Eighty-five percent of cervical cancer cases and deaths occur in low-and middle-income countries (LMICs), particularly in Latin America and sub-Saharan Africa. However, medically underserved regions of the United States also have high rates, such as the Rio Grande Valley (RGV), an area along the Texas-Mexico border where cervical cancer incidence and mortality rates are 30% higher than the rest of the state. These disparities are often due to a combination of a lack of access of care as well as a limited number of trained providers to perform the necessary procedures to treat and manage cervical dysplasia and therefore prevent cervical cancer.</p> <p>Goals and Objectives: To increase local provider capacity to screen for, diagnose, and manage cervical dysplasia.</p>			

Author 1 (Name & Title):	Mary Ellen Conn, Assistant Director for Cancer Prevention and Control	Degree(s) 1:	MS
Author 2 (optional):	Adam Baus, Research Assistant Professor, Assistant Director	Degree(s) 2:	PhD, MA, MPH
Author 3 (optional):	Susan Eason, Program Coordinator for Cancer Prevention and Control	Degree(s) 3:	MA
Institution Name, City & State of each author:	West Virginia University Cancer Institute, Morgantown, WV		
Poster/ Presentation Title:	A Multi-Faceted, Intensive Approach to Facilitate System Change for Colorectal Cancer Screening		
<p>Background: Colorectal cancer (CRC) in West Virginia is a significant health problem being the third most common and second most deadly cancer among men and women. Between the years 2010-2014 more than half of all patients with CRC were diagnosed at regional (31%) or distant (20%) stages when cancer is more difficult to treat and cure. Improvements in early detection through screening is vital to reducing mortality from this disease.</p> <p>Goals and Objectives: Evidence-based interventions (EBIs) have been shown to increase CRC screening. Implementing EBIs in the primary care setting is challenging with time constraints and competing health priorities. The WV Program to Increase Colorectal Cancer Screening facilitates practice-based change in health systems with the goal of increasing their screening rate to 80% or at least 10% over baseline.</p>			

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Author 4 (optional):	David Frazer ^{1,2}	Degree(s) 4:	MPH
Author 5 (optional):	Carrie Stehman ^{1,2}	Degree(s) 5:	MA
Author 6 (optional):	Noelle K. LoConte ^{1,4}	Degree(s) 6:	MD
Institution Name, City & State of each author:	<ol style="list-style-type: none"> 1. University of Wisconsin School of Medicine & Public Health 2. Center for Urban Population Health 3. UW Health 4. UW Carbone Cancer Center 		
Poster/ Presentation Title:	Lessons from the Field: Implementing Evidence Based Interventions To Increase Colorectal Cancer Screening Rates in Community Health Centers		
<p>Background: In 2014, the National Colorectal Cancer Roundtable (NCCRT) established a goal to screen 80% of adults, ages 50-75 for colorectal cancer (CRC) by 2018. In that year, 74% of Wisconsin adults, ages 50-75 were “up-to-date” on their CRC screening compared to only 30% of Milwaukee-area federally qualified health center (FQHC) patients. Created in 2015, <i>Wisconsin’s Collaborative Approach to Increase Colorectal Cancer Screening</i> has been funded through the CDC’s Colorectal Cancer Control Program (CRCCP) to support FQHCs in screening underserved Wisconsin adults 50-75 years old for CRC through the strategic implementation of evidence based interventions (EBIs).</p> <p>Goals and Objectives:</p> <p><i>Goal:</i> support Wisconsin FQHCs to increase CRC screening rates by implementing EBIs to support the national screening goal of 80% by 2018.</p> <p><i>Objectives:</i> describe the process and reason for creating site-specific EBI implementation plans; describe the importance of an internal CRC quality improvement team and the role of a CRC champion; explain the importance of ongoing data collection and validation to support EBI implementation; and share challenges, successes, and lessons learned by CHCs that impact implementation of a quality improvement project.</p>			

Author 1 (Name & Title):	Amy Zarr, Clinical Quality Improvement Project Manager	Degree(s) 1:	MPH
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Author 3 (optional):	Diane Ferran, Vice President, Clinical Affairs and Performance Improvement	Degree(s) 3:	MD, MPH
Institution Name, City & State of each author:	Community Health Care Association of New York State (CHCANYS) New York, NY		
Poster/ Presentation Title:	Utilizing Health Information Technology (HIT) as a Means of Overcoming Barriers to Cancer Screenings		
<p>BACKGROUND: Over 25,000 New York State residents are diagnosed with breast, cervical, or colorectal cancer each year, which accounts for 20% of the overall cancer mortality rate. With funding from the Centers for Disease Control and Prevention and in partnership with the New York State Department of Health (NYSDOH), the Community Health Care Association of New York State (CHCANYS) implemented a demonstration project to improve breast, cervical, and colorectal cancer screenings in Federally Qualified Health Centers (FQHCs) statewide.</p> <p>GOALS AND OBJECTIVES: The overarching goals of the Cancer Screening Registry Project were to create a data warehouse for FQHCs to monitor cancer screening rates and address patient care gaps; connect 75% of all NYS FQHCs to the data warehouse; and improve breast, cervical, and colorectal cancer screening rates by 10% over baseline among FQHC project participants.</p>			

Author 1 (Name & Title):	Emily Nesbit, MS2 ¹	Degree(s) 1:	BS
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Institution Name, City & State of each author:	<ol style="list-style-type: none"> 1. Mercer University School of Medicine (Savannah, GA) 2. UAB School of Medicine (Birmingham, AL) *Entering fall 2018* 		
Poster/ Presentation Title:	The Triple Crown: Achieving Screening Rates of 80% for Breast, Cervical and Colorectal Cancer in Southwest Georgia		
<p>Background: A new era, focused on quality improvement and preventative medicine, has begun in healthcare. This study utilizes the analytical tool “Population Manager” in conjunction with patient navigators to increase cancer-screening rates.</p> <p>Goals/Objectives: The goal of this study was to demonstrate the possibility of achieving the “triple crown” of cancer screening at Baker County Primary Health Care, a rural clinic in southwest Georgia with a high-risk patient population. The triple crown is defined as reaching screening rates of 80% for breast, cervical and colorectal cancer.</p>			

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Author 3 (optional):	Sonja Hoover ²	Degree(s) 3:	MPP
Institution Name, City & State of each author:	<ol style="list-style-type: none"> Centers for Disease Control and Prevention, Division of Cancer Prevention and Control, Atlanta, GA RTI International, Waltham, MA 		
Poster/ Presentation Title:	Economic Assessment of CDC's Colorectal Cancer Control Program: Findings from Colorado, University of Chicago and Washington State		
<p>Background: The Centers for Disease Control & Prevention (CDC) funded 30 states, universities and Native American tribes through its Colorectal Cancer Control Program (CRCCP) to increase colorectal cancer screening uptake among individuals aged 50-75. To increase uptake grantees implemented evidence-based interventions (EBIs) found in <i>The Community Guide</i>, such as provider and patient reminders, provider assessment and feedback (PAF) and reducing structural barriers, as well as supporting activities (SAs), such as, small media and patient navigation. A sample of the 30 grantees participated in a cost-effectiveness analysis (CEA) of their programs.</p> <p>Goals and Objective: The goal of the CEA is to understand the value of investments made by CDC's CRCCP Grantees and their partners in improving CRC screening through health system changes and implementation of EBIs and SAs.</p>			

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Author 3 (optional):	Amie Muraski	Degree(s) 3:	MPH
Institution Name, City & State of each author:	WVU Cancer Institute, Morgantown, WV		
Poster/ Presentation Title:	Multifaceted Approach to Increasing Lung Cancer Screening in West Virginia		
<p>Background: The WVU Cancer Institute in partnership with the Patient Advocate Foundation, established the West Virginia (WV) Lung Cancer Project, to address lung cancer disparities in WV. According to the WV Cancer Registry and Health Statistics Center lung cancer is the leading cause of cancer deaths (nearly 1 in 3) in WV and cancer is the leading cause of overall deaths in the state. Lung cancer is the most frequently diagnosed cancer in men and women combined and half of all people diagnosed with lung cancer in WV will have distant metastasis.</p> <p>Goals and Objectives: Decrease lung cancer mortality by increasing early diagnosis through increased knowledge of and access to lung cancer screening, especially among underserved populations.</p>			

Author 1 (Name & Title):	Johnnay Benjamin, Director Early Detection and Education	Degree(s) 1:	MPH
Institution Name, City & State of each author:	Mary Bird Perkins Cancer Center Baton Rouge, LA		
Poster/ Presentation Title:	A Moving Target: Access to Early Detection		
<p>Background: Mary Bird Perkins Cancer Center is a regional cancer care organization that has been fighting cancer for more than 45 years. With five locations, its service area encompasses 18 parishes across Southeast Louisiana. Recognizing the link between socioeconomic status and cancer mortality rates, the Cancer Center has provided free community-based cancer screenings to disparate populations for over a decade. Since 2002, our Early Detection program has provided more than 80,000 breast, prostate, skin, colorectal and oral cavity cancer screenings at no cost to participants.</p> <p>Goals and Objectives Goal: Reduce late stage diagnosis and mortality from screening accessible cancers. Objectives:</p> <ol style="list-style-type: none"> 1. Expand offerings for no cost breast, prostate, skin, colorectal and oral cavity cancer screenings to individuals who lack access due to factors beyond only insurance status and geography. 2. Provide patients with abnormal findings access to patient navigators to assist them through resolution in a timely manner. 			

Author 1 (Name & Title):	Lora Magaldi, Viral Hepatitis Program Manager ¹	Degree(s) 1:	MS
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Author 3 (optional):	Stacey B Trooskin, Director of Viral Hepatitis Programs ¹	Degree(s) 3:	MD, PhD, MPH
Institution Name, City & State of each author:	¹ Philadelphia FIGHT, Philadelphia Pennsylvania		
Poster/ Presentation Title:	Community-Based Hepatitis C Testing within Philadelphia Senior Centers. "C a Difference" receives additional funding from the Gilead FOCUS program		
<p>Background: Hepatitis C (HCV) is the most common blood-borne infection in the US with a prevalence of 1.6%. CDC guidelines recommend high-risk individuals and individuals born between 1945-1965 (the baby boomer birth cohort) be tested for HCV. Individuals may not be tested due to lack of access to primary care or because providers may not routinely screen for HCV. We aimed to provide community-based rapid HCV testing to individuals born in the birth cohort who attend Community-based Senior Centers in Philadelphia.</p> <p>Goals and Objectives: Philadelphia FIGHT's "C a Difference" HCV testing and treatment program aimed to test 500 individuals and educate 4000 baby-boomers about HCV and the increased risk of liver cancer in those infected with HCV. All those testing positive for HCV were eligible for no-cost linkage to subspecialty services.</p>			

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Author 3 (optional):	Inna Scurtu	Degree(s) 3:	BS
Institution Name, City & State of each author:	DC Primary Care Association, Washington, DC		
<p>Background: Cancer continues to present a major challenge in the DC metro area. In 2014, only 23% of eligible patients seen at a FQHC were screened for colorectal cancer (HRSA UDS). To improve access to cancer screenings and treatment for colorectal, breast, and cervical cancer, DC Primary Care Association (DCPCA) has developed a health-center-driven program that leverages federal, state, and private partnerships and supports patient navigators as a catalyst for quality improvement.</p> <p>Goals and Objectives: DCPCA, in partnership with MedStar Georgetown University Hospital, employs two full-time Navigators that are each based in a DCPCA-affiliated FQHC. DCPCA has strategic partnerships in cancer programming with the DC DOH, hospitals, and health plans. Through this collaborative approach, Patient Navigators have access to best practices training, peer sharing opportunities, and, of crucial importance, a direct avenue for communicating feedback on the most complex systems-level barriers to those stakeholders who can best effectuate change.</p>			

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Author 4 (optional):	Alexander Preiss ²	Degree(s) 4:	MA
Institution Name, City & State of each author:	¹ RTI International, Research Triangle Park, NC ² American Cancer Society, Raleigh, NC		
Poster/ Presentation Title:	Vaccination as Cancer Prevention: Barriers and Facilitators of a Quality Improvement (QI) Intervention to Improve HPV Vaccination Rates Among Adolescents		
<p>Background: The human papillomavirus (HPV) vaccine is a safe and effective way to protect individuals from diseases caused by HPV, including precancers and cancers. In 2014, the Centers for Disease Control and Prevention awarded the American Cancer Society (ACS) a 5-year cooperative agreement to expand its HPV vaccination efforts. As a part of this award, ACS is working closely with federally qualified health centers (FQHCs) and community health centers in the United States to increase HPV vaccination rates through improved provider awareness, education, and system-wide processes. In 2016, ACS partnered with Boston University's School of Medicine to launch a Maintenance of Certification (MOC) pilot, where providers participating in a HPV vaccination quality improvement project receive MOC Part IV credit and Continuing Medical Education Credits. In May 2017, ACS awarded RTI International a contract to conduct a process evaluation of the MOC pilot.</p> <p>Goals and Objectives: To implement the MOC pilot to increase provider recommendation and vaccination rates for the HPV vaccine.</p>			

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Author 2 (optional):	Tushar Patel, Population Health Specialist	Degree(s) 2:	M.M.R, B.B.A
Author 3 (optional):	Allyson Williams, Population Health Specialist	Degree(s) 3:	B.S.
Institution Name, City & State of each author:	Albany Area Primary Healthcare Clinics: Albany, Georgia		
Poster/ Presentation Title:	The Use of Population Health Specialists, Care Managers, and Population Health Software to Increase Cancer Screening Rates		
<p>Background: Albany Area Primary Health Care (AAPHC) is a Federally Qualified Health Center in Albany, Georgia committed to value based quality patient care. They have been able to achieve this in some of their health centers with the aid of an analytical tool known as the “Population Manager” and the use of Population Health Specialist and a Care Manager. The Population Manger software is implemented during the pre-visit planning of patients to identify deficient cancer screenings. As a result, a remarkable increase in screening rates for breast, cervical and colorectal cancer has been achieved.</p> <p>Objectives: The goal of the Population Health specialist is to increase preventive screening mainly breast, cervical and colorectal cancers to 80% in all Albany Area Primary Health Clinics.</p>			

Author 1 (Name & Title):	Courtney Buys, Health Outcomes Improvement Manager	Degree(s) 1:	
Institution Name, City & State of each author:	Montana Primary Care Association Helena, MT		
Poster/ Presentation Title:	Montana Colorectal Cancer Screening Roadshow		
<p>Background: Montana Primary Care Association (MPCA) is an association of Community Health Centers (CHCs) in Montana who last year provided primary care to over 100,000 patients. MPCA provides training and technical assistance to CHCs across the state. These non-profit clinics are in medically underserved areas and do not deny services to anyone. Serving such vulnerable persons along with working in a health care environment with limited resources is challenging, resulting in the Montana CHC colorectal cancer screening rate being 32%, far below the goal of 80%, and far below current state and nationwide data. There are low cost screening options available that are viable screening tools for all populations, but especially CHC populations that are often overlooked by medical providers due to old habits, however these low-cost options are USPTF recommend and evidence based. Increasing the use of low cost screening options will increase CHC screening rates.</p> <p>Goals and Objectives: The goal of the training was to increase the percentage of community health center providers who have confidence in and recommend colorectal cancer screening tests other and including the standard colonoscopy; that due to financial, travel, and cultural barriers some patients will choose not to do, therefore increasing colorectal cancer screening rates by using non-invasive tests.</p> <p>The objective of the training was to have learners will leave the meeting with a knowledge of the current screening practices and rates in the state of Montana.</p>			

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Author 3 (optional):	Rachel Rudich	Degree(s) 3:	BS
Institution Name, City & State of each author:	Upstate Medical University, Syracuse , NY		
Poster/ Presentation Title:	We Matter: Increasing Colorectal Cancer Screening in Public Housing Residents		

Background: Colorectal cancer (CRC) can be prevented by screening and removal of pre-cancerous polyps. African Americans and lower socio-economic groups have a disproportionate CRC burden with a higher incidence, later stage at diagnosis, and increased mortality compared to national averages. We must create a pro-active community approach with education about prevention and early detection of CRC and increased screening to reduce mortality disparities.

Goals: and Objectives:

Goals: The aggressive national goal of having 80% of eligible people screened for CRC by 2018 requires communities and healthcare agencies to work collaboratively and use creative approaches.

We demonstrated that a partnership between a public housing authority (Syracuse Housing Authority) and an academic medical center (Upstate Medical University) using a nontraditional health education model can increase CRC screening in individuals \geq 50 years old and raise awareness in a hard to reach, low socio-economic status population.

Project objectives:

- 1) Increase knowledge about CRC and the importance of screening
- 2) Increase the rate of CRC screening in the targeted population
- 3) Provide navigation for patients with suspicious findings

The target population included 803 residents of three low-income, public housing complexes.

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Author 3 (optional):	Thuy Vu ³ , Project Director	Degree(s) 3:	MPH
Author 4 (optional):	Johna Peterson ⁴ , Electronic Reporting & Data Management	Degree(s) 4:	BA, CTR
Institution Name, City & State of each author:	<ol style="list-style-type: none"> 1. BCCHP/WA State Department of Health, Olympia, WA 2. Mar Community Health Centers, Seattle (headquarters), WA 3. Alliance for Reducing Cancer, Northwest (ARC NW), 4. WA State Cancer Registry/WA State Department of Health, Olympia, WA 		
Poster/ Presentation Title:	PDSA: Tracking completion of Positive (abnormal) FIT result to outcome of cancer/no cancer in a large Federally Qualified Health Center system.		
<p>Background: Sea Mar Community Health Centers, a Federally Qualified Health Center in Washington State with 34 clinics, has experienced challenges with:</p> <ul style="list-style-type: none"> • Determining if patients with positive (abnormal) FIT results have completed colonoscopy, and • Quantifying the impact of the FIT program on detection of cancer and polyp removal to secure internal funding for sustainability after CRC grant ends <p>To address these challenges, Sea Mar and WA State Dept of Health have collaborated on a pilot project to track patients with abnormal FIT results through referral to colonoscopy and finding of 'cancer/no cancer' and 'polyps removed.' Collaboration was funded as part of the CDC CRC grant (NU58DP006101) to implement evidence-based interventions (EBIs).</p> <p>Goals and Objectives:</p> <p>Overall Goal: Improve Coordination of Care by tracking patients from abnormal FIT to diagnosis for colorectal cancer screening and closing gaps in patient records in EHR</p> <ul style="list-style-type: none"> • Objective 1: Using current staffing and funding within Sea Mar's centralized Cancer Prevention Program (CPP) unit, create a workflow to track referrals to GI and outcome of cancer/no cancer and polyps removed • Objective 2: Update patient records in Sea Mar's EHR and send colonoscopy reports to Health Information Management (HIM) system • Objective 3: Evaluate effectiveness and implement as part of CPP's regular activities and document revised workflow. 			

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Author 2 (optional):	Nicole Harty, CCSP Program Coordinator	Degree(s) 2:	MPH
Author 3 (optional):	Andrea Dwyer, CCSP Director	Degree(s) 3:	BS
Institution Name, City & State of each author:	University of Colorado Cancer Center, Aurora, CO		
Poster/ Presentation Title:	Patient Navigation Training for Diverse Communities: A Qualitative Analysis of Barriers to Timely Colorectal Cancer Screening Among Low-Income and Medically Underserved Coloradans		
<p>Background: The Colorado Colorectal Screening Program (CCSP) is a statewide patient navigation and technical assistance program that partners with safety-net hospitals and clinics to offer evidence-based, no-cost patient navigation services for colorectal cancer screening to the medically underserved. Since 2007, CCSP has navigated nearly 30,000 Coloradans through endoscopic screening.</p> <p>Despite Medicaid expansion through the Affordable Care Act, colorectal cancer screenings rates have not seen a statistically significant change, with Medicaid rates remaining at approximately 55%. Additionally, patient navigators (PNs) cite challenges in meeting their communities' specific needs. Therefore, increasing screening rates will require thorough comprehension of, and strategies to address, the barriers impeding access to care.</p> <p>Goals: Understand shared and unique barriers to care faced by patients and PNs in a geographically and culturally diverse state in order to develop tailored training resources.</p>			

Author 1 (Name & Title):	Sara Kim, Director	Degree(s) 1:	MPH
Author 2 (optional):	Okhyun Ko, Patient Navigator	Degree(s) 2:	BS
Institution Name, City & State of each author:	Korean Community Services of Metropolitan New York, Inc.		
Poster/ Presentation Title:	Patient Navigation Program for Korean patients with chronic hepatitis B infection.		
<p>Background: Hepatitis B (HBV) is a blood-borne, perinatally and sexually transmitted viral infection that can lead to liver disease, liver cancer and premature death. There is an effective vaccine to prevent HBV, and antiviral treatment can slow or prevent liver disease progression. Over 100,000 persons are infected in New York City (NYC). Approximately 2.2 million people in the U.S Korean immigrants, at high risk for Hep B, face numerous cultural, social, and economic barriers to diagnosis and treatment.</p> <p>Goals: To provide culturally sensitive patient navigation services for chronic hep B patients who are not treated.</p> <p>Objective: Screen approximately 240 residents at risk by hosting 15 community screening events at religious based organizations, community institutions, and commercial areas.</p>			