



## **Conversation 4: Removing Barriers and Seizing Opportunities to Improve Cancer Screening and Prevention in Rural Areas**

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### **Practical Actions**

- Alaska Medicaid does not include pap smears; it would be practical if it was covered
- 30 second pitch with medical director to build trust and collaboration
- Give patients options for colorectal cancer screenings (utilizing Fecal Immunochemical Test)
- Send out mobile service vans/ mobile clinics to underserved populations
- Provide incentives to patients getting screened such as gas and grocery cards
- Offer \$5 Pap smear days once a month
- Partner with community agencies
- Coordinate with other organizations to combine care/ follow up
- Remove extra step of scheduling appointment with colonoscopist by having a protocol in place to reduce barrier (streamline the process)
- Ask rural communities to see what THEY need from US

### **What are common challenges to providing cancer screening/prevention services to people who live in rural areas?**

- Transportation
  - Lack of infrastructure on roads
  - Distance between clinics
- Unemployment
- If screening is positive, where do patients go for access to care?
- “Rugged cowboy mentality”: People in rural areas tend to not seek care, because they can “take care of themselves”
- Agricultural state – Hard to take days off of work to go to the doctor

- Health literacy and health insurance illiterate
- Electronic Health Record systems are not coordinating with each other
- Mistrust of the health system and western medicine
- Insurance coverage
  - Very high deductible, some do not want to use Medicaid
- Areas are medically underserved
  - High turnover of providers
  - If there is only one doctor in the area and community members do not like him/her they will not go

**Which strategies work well in leveraging existing resources to help overcome these challenges?**

- Engage with community churches
- Send visiting providers to do pap smears
- Use screening mammograms to bring services to the community
- Send FIT kits with gloves and toilet seat covers
- Motivational interviewing with patient navigators
- Use health information technology specialist to provide technical assistance and train providers
- Use community champions to spread the message
- Start colonoscopy conversation before patient turns 50
- Use informal approach for FIT testing, for example, “Your mom did it, now it is your turn”
- Use incentives such as gas cards and grocery gift cards

**How have policies, systems or programs either reduced or increased challenges to provide cancer screening/prevention in rural areas?**

- Reduced
  - Law in Kentucky: If the FIT test is positive, it has to be coded as screening so the patient does not have out of pocket costs
  - Mailing out FIT kits
- Increased
  - Abnormal FIT cost – Patients paying out of pocket costs when they thought it was fully covered

- Educating all providers on coding FIT positive tests as screening
- Emphasis on patient education over technology
- Need more leadership training

**Name a 'success story' with good expansion of cancer screening/prevention services in a rural area and identify key elements for that success.**

- Talk to industry and provide services at work places during lunch breaks
- Provide services in the evenings so people will not have to take time off of work to get screened
- Patient navigators trained in motivational interviewing
- Use partners in the community to host screening events
- FluFIT events- provide FIT kits when people get their flu shots
- MammoFIT event- provide FIT kits when women get their mammogram