Addressing Cancer Disparities in Appalachian Kentucky through Proactive Office Encounters in Community Health Centers

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Background

Appalachian Kentucky has historically experienced lower socioeconomic status, substantial barriers to healthcare access, and geographic isolation. Appalachian residents also have a higher prevalence of at-risk health behaviors, such as tobacco use and physical inactivity. Furthermore, the region is challenged with an undue burden of cancer equating to increased rates of late-stage diagnoses, incidence, and mortality in comparison to the rest of the state as well as the U.S.

Methods

The overall premise is to provide an individually tailored, evidence-based disease prevention protocol for each patient interacting with the healthcare system from pre-encounter to post-encounter. This process enables providers to address multiple health needs in a single visit. The ACCESS team adapted this model to specifically target cancer prevention in the WHC patient population; POE was also used to increased compliance with additional preventive care measures such as immunizations and HIV screening.

Many of these cancer cases could be prevented or detected early through adherence to evidence-based cancer screening. However, in Kentucky, screening rates for many types of cancer, including cervical, colorectal, and breast, are below national goals, particularly in the Appalachian region of the state.

In January 2015, POE was implemented at four WHC sites. Shortly after implementation, an in-depth, systematic process evaluation began. Evaluation activities included qualitative interviews with WHC leadership, providers, patients, and staff as well as an implementation timeline analysis. The post-implementation, in-person interviews were conducted from June – October 2015. The purpose of the interviews was to determine patients’ perceptions of the newly implemented POE intervention and its impact on their cancer screening behaviors. WHC personnel were interviewed to better understand the POE implementation process, including perceived barriers and successes.

In 2015, 34% of WHC patients (n=10,372) were evaluated using the POE model; 82% of patients received Medicaid. Multiple cancer diagnoses were discovered, including breast, endometrial, lung, and colon cancer.

Given the high burden of cancer in Appalachian Kentucky, the need for effective interventions to improve rates of recommended cancer screenings is crucial. Based on initial results, evidence-based cancer screenings and rates of other preventive care measures have increased at WHC due to the implementation and continued refinement of the POE intervention. POE addresses multiple barriers to care that have a known impact on cancer disparities in the region. More specifically, POE improves the quality of patient care, decreases the need for multiple office visits, and continually focuses on closing gaps in preventive care.

Findings

Findings from the interviews also revealed that patients may be receptive to the POE intervention due to their perceived health status or their family history of cancer. Patients also appreciated the reminders about needed cancer screenings at their visits. Such discussions can serve as an opportunity to address barriers and misconceptions about cancer and cancer screenings. For example, several patients indicated confusion about cancer screenings, such as not knowing that a colonoscopy was a method of screening for colorectal cancer and that having a history of negative mammograms may negate the need for annual testing. Furthermore, it serves as an opportunity to address patient fears and concerns about cancer.

Conclusions

Integrating POE into the healthcare system from pre-encounter to post-encounter has been shown to improve adherence to evidence-based cancer screenings and other preventive care measures for Appalachian Kentucky patients. Ongoing refinement of the POE intervention can continue to improve patient outcomes and reduce cancer disparities in the region.

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Further Information

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