

Provider-Patient Communication about Cancer Screenings within Federally Qualified Health Centers in Appalachian Kentucky



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Background

Appalachian Kentucky – a region of the U.S. recognized for high rates of cancer, lower socioeconomic status, and healthcare professional shortage areas – experiences an undue burden of cancer. Many of these cancer cases could be prevented or detected early through adherence to evidence-based cancer screenings. However, screening rates for many types of cancer, including cervical, colorectal, and breast, are below national goals in Kentucky, particularly in the Appalachian region of the state.

Table 1. Cancer Screening Rates in Kentucky and U.S., 2012

Cancer Screening	KY	US	Rank
FOBT/Endoscopy, 50 years or older	64.3%	66%	30
Mammography, women 45 years and older	73.8%	76.3%	35
Pap test, women 21 to 65 years	81.6%	84.3%	38

Source: American Cancer Society, 2016

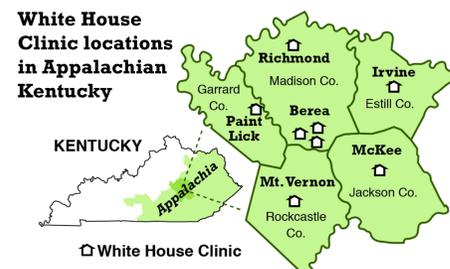
Healthcare provider-patient communication, including strong and consistent provider recommendation, has been shown by previous studies to have a positive impact on the receipt of cancer screenings. Few studies have examined Appalachian Kentucky patients' perspectives of healthcare provider communication related to cancer screening, particularly in safety net clinic settings such as community health centers.

Objective

To assess patients' perspectives on current healthcare provider-patient communication about cancer screening within an 8-clinic federally qualified health center (FQHC) in a medically underserved, high-poverty region of Appalachian Kentucky.

Methods

This study was part of a larger CDC-funded project to improve cancer-related health outcomes in Appalachian Kentucky. Specifically, in 2014, University of Kentucky investigators formed an academic-community partnership with White House Clinics (WHC), an 8-site FQHC covering five counties in eastern Kentucky. The partnership, locally known as ACCESS (Appalachian Center for Cancer Education, Screening, and Support), is dedicated to improving the delivery of primary care services, including guideline-recommended cancer screening.



From June – September 2015, in-person interviews were conducted with patients at four WHC clinical sites (N=26). The purpose of the interviews was to determine patients' perceptions on a newly implemented clinic intervention and its impact on their cancer screening behaviors. A semi-structured interview guide included questions regarding patients' assessment of healthcare providers' communication methods about cancer screenings as well as patients' preferred methods for cancer screening discussions. The interviews were recorded for accuracy and later transcribed to facilitate qualitative analysis.

Participant Characteristics

Table 2. Participant Characteristics (N=26)

Variable	n (%)*
Gender	
Male	10 (38.5)
Female	16 (61.5)
Race	
White	24 (92.3)
American Indian or Alaska Native	2 (7.7)
Highest Level of Education (n=25)	
High School/GED or Less	15 (60)
Some college or Higher	10 (40)
Annual Household Income	
Less than \$24,999	17 (65.4)
\$25,000 or Higher	9 (34.6)
Health Care Coverage (n=22)	
Medicaid/Medicare	22 (100)
Reported Health Status	
Fair or Poor	13 (50)
Excellent or Very Good	7 (11.5)
Family History of Cancer	
Yes	13 (50)
Cancer Screening History	
FOBT/FIT Home Kit	17 (65.4)
Colonoscopy/Sigmoidoscopy	18 (69.2)
Low-Dose CT Scan (Lung Cancer)	0 (0)
Pap Test (females, within past 3 years)	9 (56.2)
Mammogram (females, within past 2 years)	9 (69.2)

Results

Qualitative analysis of interview transcripts revealed that, overall, patients were receptive to discussions about and recommendations for cancer screening from their healthcare providers. Several patients mentioned they were unfamiliar with cancer screening guidelines and related discussions with their provider served as reminders for preventive care.

Patients preferred discussions and messaging about cancer screenings from their provider align with the suggestions outlined below:

- 1. Messages should be presented in a straightforward manner.**
 - “...just come right out and talk about it.”
 - “I just would rather be told straight out.”
 - “Just out in the open...”
 - “Don't beat around the bush.”
- 2. Discussions should not shame or pressure the patient about complying with screening guidelines.**
 - “I usually feel pretty good and they don't make you...they don't make you feel bad.”
 - “...you know she's not going to say, oh you have to go do this.”
 - “Don't push stuff on me.”
 - “I don't want to be forced into doing something. I don't mind being told 'this is recommended' and then have the decision be mine.”
- 3. Discussions should include information on what the cancer screening entails and why the screening is needed.**
 - “...just tell me what I need and why I need it.”
 - “Just tell me this is what you need to do.”
 - “...just tell you straight what's going to happen and what you'll be going through...”
 - “...make it where I'm understanding.”

Conclusions

Given the high burden of cancer in Appalachian Kentucky, the need for effective communication strategies encouraging patients to receive recommended cancer screenings is crucial. Patients in the study may have been receptive to healthcare provider communication about cancer screenings due to their perceived health status or their family history of cancer (e.g., “...I'm going to do whatever they all say because I'm in pretty bad shape,” “...seems like it's about one in every family.”).

Healthcare provider recommendations that are given in a routine, straightforward manner serve several purposes, including as a reminder for needed preventive care (e.g., “I don't know...what needs to be done sometimes.”) and providing an opportunity to address 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 (e.g., “...the word cancer, people don't want to hear...afraid to talk to doctor about it”).

Implications

1. Routine, straightforward communication between healthcare providers and patients may serve to improve cancer screening rates in Appalachian Kentucky.
2. Clinic-based interventions that enable and cue healthcare providers to proactively discuss and recommend cancer screenings may increase acceptance and receipt of cancer screenings among patients in at-risk populations.

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Further Information

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