Examining the Influence of Low Cost Health Care on Colorectal Cancer Screening Among the Medically Underserved

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ABSTRACT

The U.S. Preventative Services Task Force (USPSTF) provides cancer-screening guidelines recommended for all adults, regardless of gender, race, or ethnicity. One of the most important factors associated with colorectal, breast, and cervical cancer survival is early detection. Despite this knowledge, African Americans suffer a greater burden of cancer mortality and are more likely to die of breast cancer and colorectal cancer compared to all other racial/ethnic groups in the U.S. The purpose of this study is to determine the most acceptable methods to increase awareness of free and low cost medical and health education services, in an effort to increase colorectal screening guideline adherence among medically underserved populations residing in metro Atlanta. We also seek to determine the most acceptable methods to increase education about colorectal cancer screening guidelines and the importance of screening guideline adherence. Methods: Cross-sectional data to be collected using self-report surveys of participants residing within metro-Atlanta. Implications: Uncover possible existence of unidentified barriers that may impede use of healthcare services in underserved communities. Provide insight that may improve preventive and primary healthcare usage among this population.

BACKGROUND

Colorectal Cancer (CRC) Disparities

- Higher incidence and mortality from CRC compared to all other races
- Underutilization of Preventative Services
- Decreased physician recommendations for follow-up screening
- More likely to be diagnosed in later stages


Notes: Red line represents African American persons; rates per 100,000

OBJECTIVES

Aim #1:
Determine the most acceptable methods to increase awareness of free and low cost medical and health education services, based on feedback from individuals residing in MUAs in Atlanta, Georgia.

Aim #2:
Determine the most acceptable methods to increase education about colorectal cancer screening guidelines and the importance of screening guideline adherence among individuals residing in MUAs in Atlanta, Georgia.

METHODS

Formative research for intervention planning through self-report surveys:

Desired characteristics:
- Male and Female
- Age 50-75
- Self-identified as African American
- Able to read, write, and understand English
- Reside in metro-Atlanta

STUDY IMPLICATIONS

Many uninsured individuals still present to hospital Emergency Departments for primary care needs or in tertiary stages of disease, despite placement of “safety net” healthcare providers.

This study intends to:
- Examine the possible existence of unidentified barriers that may impede use of healthcare services in underserved communities.
- Provide insight that may improve preventive and primary healthcare usage among this population.

CONCLUSIONS

- Presence of FQHCs alone in medically underserved areas may not fully address access to care
- Targeted communication needed to increase awareness and understanding of available resources

FUTURE DIRECTIONS

- Developing Infographics to increase awareness
- Partner with community leaders to create group education programs, led by trusted leaders in the community
- Create and utilize an electronic platform to provide a duplicable, educational curriculum and additional resources tailored to individual communities
- Adapt a culturally-sensitive approach created for medically underserved populations