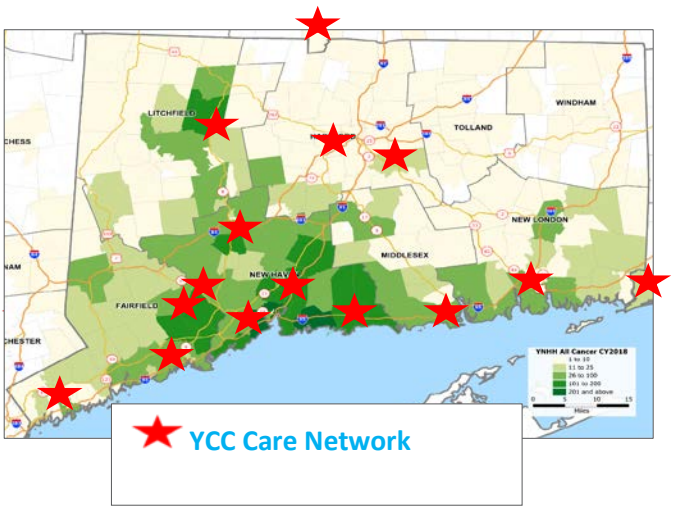
NIH NATIONAL CANCER INSTITUTE

Community Outreach and Engagement

Yale Cancer Center

Catchment Area

Located in the city of New Haven, Connecticut (CT), the catchment area for the Yale Cancer Center (YCC) is the entire state of CT. Due to significant residential segregation, there is a concentration of people of color and those living below the poverty level in all urban areas of CT. With nearly two-thirds of the population self-identifying as Black/African American or Hispanic/Latinx, and 26 percent of the total population living below the federal poverty level, the city of New Haven is no exception.



Public Health Focus

With CT, and New Haven in particular, significantly impacted by COVID-19 from the start of the pandemic, there were growing concerns about the long-term impact on cancer outcomes among already vulnerable populations. Working with our collaborators, we identified more than 3,000 individuals who were overdue for colorectal cancer (CRC) screening and tailored the plan to address this need in our immediate catchment area.

This implementation study aims to understand strategies for promoting recommended cancer screening to vulnerable residents receiving care in a primary care setting. Results will be used to identify best practices that are scalable to other at-risk populations that are due or overdue for CRC screening.

At a Glance

To address the issue of non-adherence to CRC screening guidelines in our local catchment area, we are expanding the use of fecal immunochemical testing (FIT) tests in an environment in which colonoscopy has been the standard of care. Implementing evidence-based education and communication strategies, our goal is to address disparities in cancer screening with:
(1) clinic reminders; (2) support in addressing social determinants of health (SDOH) concerns, for example, food insecurity, housing instability, paying utilities, or transportation; (3) one-on-one navigation support; and (4) a CRC health education session (with pre- and post-testing).

Collaborators

We are collaborating with the largest federally qualified health center (FQHC) in New Haven, CT: Cornell Scott Hill Health Center (CSHHC). The 36,000 patients served by CSHHC receive their care in the heart of New Haven as well as at satellite clinics. Almost one-third of their patients self-identify as African American (32.6 percent) and Hispanic/Latinx (31.2 percent). The doctors and staff of CSHHC have been enthusiastic partners as we work

together to address cancer screening needs, even as they deal with the more pressing primary care needs associated with the COVID-19 pandemic.

Dr. Letitia Robinson, Provider, Cornell Scott Hill Health Center, New Haven, CT

The Approach

This is a prospective implementation science trial that tests four evidence-based approaches to promote CRC screening in a local primary care setting that provides health care to individuals who are under-resourced. The interventions include reminders from primary care providers with and without additional information and/or services known to facilitate completion of colorectal cancer screening. Electronic medical record data is used to assess outcome metrics.

> **Now that we've laid the groundwork for colorectal cancer screening, we should think about how to apply this same approach to other cancer screenings.**
>
> **— Dr. Letitia Robinson, Provider**

3,127 individuals, ages 50–74, who were overdue for CRC screening were randomized across four intervention arms:

Arm 1
Reminder that patient is due/overdue for CRC screening

Arm 2
Reminder that also includes a SDOH short message and one-size-fits-all link to resources (2-1-1)

Arm 3
Reminder that also includes a SDOH short message and offer to enroll in our health navigation program, connecting individuals to SDOH and health care services

Arm 4
Reminder that also includes an offer to participate in a short educational program conducted online as phase 2 of the NCI's S2S program (not an EBI).

Outcome measures derived from review of medical record data include: (1) engagement on CRC screening (e.g., appointment made during follow-up period, CRC test ordered), (2) receipt of CRC screening, and (3) results of CRC screening.

Although we are still awaiting final results, at six months one or more of the interventions has been successful in engaging over one-third of the study population. We will be assessing the final results at 9 and 12 months after the intervention.

Implementation Guidance

The partnership between YCC researchers and CSHHC providers and staff has been critical to the quality of the science.

Implementation Tips

Tip 1: Shared Goal. At the heart of all meaningful collaboration is a common purpose. In this case, our research agenda was informed by an observed cancer disparity, one that our clinical partners were observing every day in their practices: an increasing number of high-risk individuals falling behind in receiving colorectal cancer screening. We were united in recognizing that the longstanding practice of prioritizing colonoscopies for all patients was simply not working. It wasn't working before the pandemic, and it wasn't working after COVID-19 became part of our lives. Making FIT testing the default was an obvious solution. The remaining challenge was in how to engage the patients who need it.

Tip 2: Flexibility. Having set the stage for the current study over a number of years, we had a research plan that was ready for implementation. While the pandemic presented its own challenges, it became clear that input from the providers and staff was critical to ensuring acceptability of our four interventions, but also the likelihood that we would be successful in bringing some patients into adherence. Ground-zero input is key to sound science.

Sustainability Plans

While we await final results, we have already started discussions about how to embed screening for SDOH barriers and our telephone navigation system in the primary care setting to address cancer needs across the cancer control continuum. We aim to build a model that bridges primary care in the FQHC setting to specialty care in the NCI-funded cancer care centers.

> **We've had many calls and scheduled appointments indicating that the interventions are definitely motivating patients to pick up the phone—we'll have to see if the tests are completed and returned.**
>
> **—FQHC nursing staff after the launch of the intervention**

Find Out More

https://www.yalecancercenter.org/
https://ysph.yale.edu/profile/beth_jones/

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Community outreach and engagement (COE) activities across the translational research continuum

National Cancer Institute (NCI)-designated cancer centers' COE efforts should span all cancer center programs, including basic, clinical, translational, and population research. In FY20, NCI issued a call for Cancer Center Administrative Supplements to support COE activities that focus on either basic science or the translation of evidence-based interventions into community practice. The long-term goal of the supplement initiative is to build capacity for cancer centers' COE programs to adapt and implement evidence-based programs and successfully collaborate with cancer center investigators across research programs and in partnership with community members. To learn more, visit us at: **https://cancercontrol.cancer.gov/research-emphasis/coe**