INCREASING CANCER SCREENING WITH RURAL AND FRONTIER POPULATIONS

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Rural America
CANCER IN RURAL AND FRONTIER POPULATIONS

• Second leading cause of death in the U.S.

• Rural areas have lower rates of new cases of cancer – but cancer deaths rates are higher

• Rural areas are making slower progress reducing new cases of cancer and cancer deaths

CANCER IN RURAL AND FRONTIER POPULATIONS

• Healthy People 2020 objectives: to decrease cancer mortality to 161.4 deaths per 100,000 population
• As of 2015, this objective has been met in metropolitan counties.
  • 157.8 cancer deaths per 100,000
• Yet, rural communities have been left behind.
  • 180.4 cancer deaths per 100,000

CANCER IN RURAL AND FRONTIER POPULATIONS

Rural populations have…

• Higher percentages of smoking
• Higher percentages of obesity/overweight

BUT…

• Rural populations have more difficulty accessing resources for quitting smoking, physical activity, and healthy eating. Also, rural populations may have less access to HPV vaccination.

Rural populations have...

• Lower access to cancer screening services to aid in early detection of cancer

BUT...

• Finding and getting to cancer screening can be challenging
• Limited presence of health care providers for screening
• Limited options for follow-up (diagnostic) care for abnormal screening results

Prevention opportunities:

Rural populations had higher incidence of tobacco-associated, HPV-associated, and colorectal cancer.

CANCER IN RURAL AND FRONTIER POPULATIONS

• Need for investment in rural cancer control:
  • Only 3% of R- and P-mechanism grants were rural-focused from 2011-2016
  • Expanded focus on intersectionality in rural settings to encompass social determinants of health in addition to specific correlates of cancer control
  • Clear definitions and application of what constitutes rural and frontier populations
  • Complexity of conditions require equally complex interventions to address cancer disparities (as well as other health disparities)

PEOPLE IN RURAL AMERICA GET CANCER LESS OFTEN, BUT DIE FROM IT AT HIGHER RATES. IT DOESN'T HAVE TO BE THIS WAY.
This study is part of a larger Rural and Minority Health Research Center project entitled, “Rural Colon and Cervical Cancer (RCCC) Environmental Scan” and funded by the Federal Office of Rural Health Policy (FORHP) through an intra-agency agreement with the National Cancer Institute.
Five areas of focus:

• Access to health care
• Community assets, leadership, and engagement
• Economic development
• Education
• Housing
• **Rationale:** Persistent rural-urban disparities in cancer mortality raise concerns about access to and underutilization of state-of-the-art cancer care, as well as inadequate care coordination. Fewer providers in rural areas may hinder access to preventive, diagnostic, and treatment services.

• **Approach:** The Rural Colon and Cervical Cancer Environmental Scan uses mixed methods to identify opportunities for improving screening uptake, follow-up of abnormal screening, and timeliness and quality of cancer treatment received among rural South Carolinians.
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<th>Objective</th>
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<td>1</td>
<td>To provide a geospatial assessment of the cancer care workforce and burden in South Carolina</td>
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<td>2</td>
<td>Identify existing initiatives (and associated gaps) targeting cancer prevention and control in rural counties</td>
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<td>3</td>
<td>Determine barriers and facilitators to implementation of evidence-based and promising cancer prevention and control interventions among rural safety net providers</td>
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<td>4</td>
<td>Describe care coordination and structural barriers impacting rural patients’ cancer care experience and outcomes</td>
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LANDSCAPE ASSESSMENT:
RURAL CANCER INITIATIVES AND GAPS

Identify existing initiatives (and associated gaps) targeting cancer prevention and control in rural counties

• **Phase 1:** To conduct a brief, online survey of key stakeholders who represent organizations relevant to rural cancer in South Carolina (term used broadly to encompass multiple entities)

• **Phase 2:** To conduct in-depth, qualitative interviews with a subset of representatives of organizations who responded to the Phase 1 online survey

• **Phase 3:** To convene a working advisory group consisting of participants in Phases 1 and 2 to aid in distilling key themes related to existing initiatives and associated gaps focused on cancer prevention and control and prioritize action steps
PHASE 1: ONLINE SURVEY DOMAINS

- Geographical Reach
- Cancer or Health Focus
- Rural Cancer Control Barriers
- Organization Type
- Evidence-based Guidelines
- Rural Cancer Control Opportunities
- Services and Resources Provided in Rural South Carolina
- Existing Initiatives
- Planned Initiatives
- Additional Information
PHASE 1: DATA COLLECTION

• **Recruitment**: Generated list of organizational representatives and other key stakeholders in rural cancer control in South Carolina (*next slide*)

• **Data Collection**: Online survey administration; personalized invitation and three personalized reminders sent by email

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**Survey Fielding Period:**
March 5-April 26, 2019

• Wave 1: March 5, 2019
• Wave 2: March 7, 2019
• Wave 3: March 25, 2019
• ***Wave 4: April 10, 2019***
**PHASE 1: SAMPLE**

Initial Sample = 211

Organizational Representatives Identified:
- Wave 1 (n=155)
- Wave 2 (n=27)
- Wave 3 (n=47)
- Unable to locate valid contact information (n=18)

Recommended = 18

Organizational Representatives Recommended (not otherwise included):
- Wave 4 (n=18)

Total Sample = 229
RESULTS: RESPONDENTS

• 111 respondents (111/229 = 48.5% Response Rate)
• Organization types:

- Non-profit: 30.6%
- Government / State Agency: 15.7%
- Higher Education: 14.9%
- Health Care Provider: 10.5%
RESULTS: EXISTING INITIATIVES

- Cancer screening
- HPV vaccination
- Cancer treatment
- Tobacco cessation
- Other health-related programs
- Direct service provision
- Collaboration with health care entities and communities
- Research-related activities
- Coalitions and other examples of organizational collaboration
RESULTS: BARRIERS AFFECTING CANCER CONTROL IN RURAL COMMUNITIES

- Education
- Access to Care
- Poverty
- Transportation
- Health Care Providers
- Funding
RESULTS: OPPORTUNITIES FOR IMPROVEMENT

- Training Health Care Providers
- Funding
- Access to Care
- Public Awareness
- Engage Communities
- Coordination

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NEXT STEPS

Rural Colon and Cervical Cancer Environmental Scan, e.g.,

- Continue to analyze existing data in South Carolina and nationally to understand the landscape
- Learn from health care providers
- Conduct in-depth interviews with key stakeholders in South Carolina
- Convene advisory group to prioritize action items
Also acting on the information we have to:

1. Work with rural health clinics in South Carolina to implement multi-level, multi-component, evidence-based interventions to increase colorectal cancer screening

2. Explore pharmacies as an important setting to increase HPV vaccination access points in rural South Carolina

3. Partner with the South Carolina Department of Health and Environmental Control and American Cancer Society to explore quality improvement approaches to increase adolescent vaccination in rural health care settings
What do you see as opportunities to increase cancer screening with rural and frontier populations?
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