Peer-to-Peer Learning Call Series
Cancer Screening in Rural Communities: Challenges and Solutions
March 7–9, 2022

SUMMARY OF INNOVATIONS

Topic Area: Cancer Screening in Rural Communities

Peer to Peer Learning Calls
The Peer-to-Peer (P2P) Learning Program continued its work in offering a learning platform in which NBCCEDP and CRCCP awardees can discuss programmatic innovations and challenges. The focus of the March 2022 P2P calls was challenges and solutions related to access and availability of cancer screening services in rural areas.

[Go directly to Innovations.]

NACDD facilitated a total of four calls. Two one-hour calls and two one- and one-half hour calls were offered to both NBCCEDP and CRCCP grantees as "mixed" calls so that both programs could participate on the same calls if desired. In addition, participation was opened to awardees' colleagues from CDC's National Comprehensive Cancer Control Program and National Program of Cancer Registries.

The format of the calls included a brief "kick-off" presentation by an awardee describing their challenges and solutions related to addressing rural cancer screening needs, break-out sessions for awardees to discuss session questions in smaller groups, and opportunities throughout the session for questions and answers.

Summary of Innovations

The questions posed to the participants for discussion were:
- What are the top two challenges your program has encountered when working to ensure access to and availability of cancer screening services in rural areas?
- What have you done to address those challenges?
- What is one question you want to ask other programs about their work in rural areas?

This summary reflects the common themes, potential solutions, and discussions across all sessions.
Innovations: Increasing Access to Screening
- Bring services to patients:
  o Plan for mobile mammography to be offered in the same community locations each year, and if possible, the same partners (e.g., Dollar General stores, places of employment, libraries)

- o Create community events such as "Pink Ribbon Bingo" and offer screening during the event
  - o Fly a provider to a remote location to provide services
  - o Recognize there is lack of reliable internet and familiarity with technology and enlist the help of community health workers and technology literacy programs; provision of cell phones may help
  - o Leverage the use of telehealth; work with libraries to establish private rooms for telehealth visits
- Bring patients to services:
  - o Provide transportation assistance
    - ▪ Gas cards/convenience store gift certificates (often it is the provider who hands these out vs. the program)
    - ▪ Bus passes or travel vouchers for ride share programs (e.g., Uber)
      - In those areas where ride share drivers are limited, consider recruiting a driver willing to provide transport during working hours and set up a business account with them
    - ▪ Work with FQHC's to utilize their transport vans
    - ▪ School buses
    - ▪ Church vans
    - ▪ Volunteer drivers (ACS)
    - ▪ Partner with government supported transport services for those with disabilities to get approval for cancer survivor transport
  - o Assess bus stops/distance to clinics and work with transportation systems to move stops to clinic parking lot
  - o Recognize and plan for patients that need to travel to a different and often farther clinic for follow-up/diagnostic services
  - o Use patient navigators to bridge the divide between patients and services, and provide for critical needs that affect one's ability to get screened [For example: Language barriers (provide translation) and competing resource needs (provide social services support, such as housing assistance)]
    - ▪ Patient navigators can be community health workers, nurse navigators, medical assistants and social work or nursing student interns
  - o Work with other agencies or community organizations to recruit and sign-up clients (For example: Specific tasks could be outreach and education, determining eligibility, enrollment, and follow-up)

Innovations: Increasing Availability of Screening
- Work with partners, such as ACS and local health departments, to recruit providers in areas where services are lacking
- Establish a relationship with your rural health association and recruit providers during rural health conferences, and meetings

- Map current service providers to eligible populations* and begin a campaign to recruit providers in areas where services were lacking
- Map FDA approved sites and do a drive-time analysis (versus distance in miles) to target mobile screening services
- Be patient when building relationships with potential providers, as it takes time; seek different kinds of clinics to provide services, such as free and faith-based clinics
- Bundle services to make access easier (For example: While providing mammography, give a FIT and set up an appointment to return completed test or write due date on FIT)
- Provide sign-on bonuses to recruit staff in areas where providers are lacking
- Establish cross-state agreements to provide services where it is easier or more convenient for patients to get services
- Mail FIT kits to patients to increase CRC screening
- Provide evening and weekend clinic hours and childcare
- Offer same day mammograms if a patient is in a clinic for another reason

Innovations: Increasing Acceptability of Screening
- Build trust and relationships among rural populations and local providers through:
  - Establishing the program and screening from within the community – not from the outside
  - Find "that person" in the community that people know and trust
  - Collaborate with community partners and patient advocates, such as women's associations and tribal organizations
  - Work with partners that address overall health and wellness that are trusted in the community, like women's health and resource centers
  - Develop processes and policies that offer cancer screening when navigating patients to other social services and mental health care

*Example of estimating eligible population:
- Use Small Area Health Insurance Estimates to find the eligible population: https://www.census.gov/data-tools/demo/sahie/#/
- Find out the number served in each county. Use the county code from the MDEs (unduplicated). The data manager of the program should have access to this file.
- Divide the number served in the county by the eligible population in the county and that number represents the percentage of eligible women served in that county.