

Submission Id: 4677

Title

Building community-clinical partnerships to increase rural access to colorectal cancer screening navigation

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Context: Colorectal cancer (CRC) is a leading cause of cancer death in the United States, and screening disparities in rural populations persist. Patient navigation (PN) improves colonoscopy completion, but is hard to implement in rural communities, where resources for staffing PN programs are limited.

Objective: To understand key factors involved in building a community-clinical partnership designed to support a community-based organization (CBO) in providing remote PN across multiple rural primary care clinical organizations (PCCOs). This study is part of a randomized clinical trial at the University of Washington.

Study Design and Analysis: The study used a collaborative design process of gathering CBO and PCCO stakeholders' perspectives and adapting and planning the PN program with a stakeholder advisory group. Four CBO staff and 26 PCCO staff participated in semi-structured interviews. Interview guides were developed using the Consolidation Framework for Implementation Research. A Miles and Huberman analysis approach was used and findings were validated by participating organizations and the advisory group.

Setting: A CBO and six rural and rural-serving PCCOs across three states.

Population Studied: Stakeholders at CBO and PCCOs.

Intervention: A remote CBO PN program.

Outcome Measures: Motivation to engage in the program, potential implementation challenges, partner-driven adaptations.

Results: CBO staff were motivated to provide navigation support because they wanted to help PCCOs, it aligned with their values, and they believed they and the PCCOs had the resources to do the program. PCCO staff were motivated as the program met a high priority patient need, it was an opportunity to

learn more about workforce innovations, and it aligned with their values and goals. Potential barriers to the program's success included difficulty reaching rural patients, limited local resources, and the patient navigator being outside each PCCO's system. The needs assessment led to several program adaptations to align with partner motivations and challenges, such as expanding patient access to the program, adding strategies to connect with hard-to-reach patients, focusing on trust-building strategies, and developing tailored protocols for communication between partners.

Conclusions: CBOs may be valuable partners for rural PCCOs to expand PN access. Collaborative design can support building a successful roadmap for partnerships to address barriers to cancer screening.