

Using Population-Level Health System Data to Support Community-Engaged Cancer Health Equity Initiatives: A Pilot Project

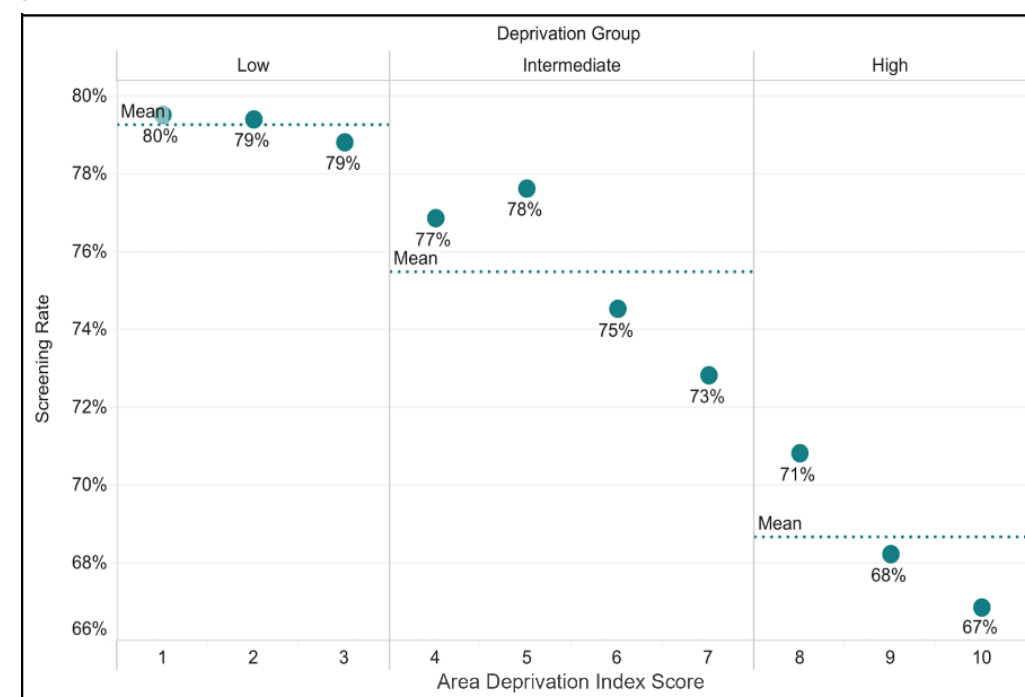
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Catchment Background

- Dartmouth Cancer Center (DCC)'s catchment area of New Hampshire and Vermont has high rates of breast cancer (144.2 and 130.9 vs. 125.2 per 100,000 in the US overall).
- Breast cancer screening rates at Dartmouth Health (DH) vary by Area Deprivation Index (ADI) – a tool ranking neighborhoods by socioeconomic factors.¹

Fig 1. Breast Screening Rates of DH medically-homed patients, stratified by ADI



Pilot Project Activities



Community Engagement Studios

- **2 community engagement studios**
 - Women 50-75, medically-homed at DH, living in high ADI areas and overdue for screening (>27 months since last mammogram)
 - Lasted 2 hours each
 - Feedback on barriers to screening and desired supports

KEY RECOMMENDATIONS:

- Enhance reminders
- Provide screening support, including access to free screening programs



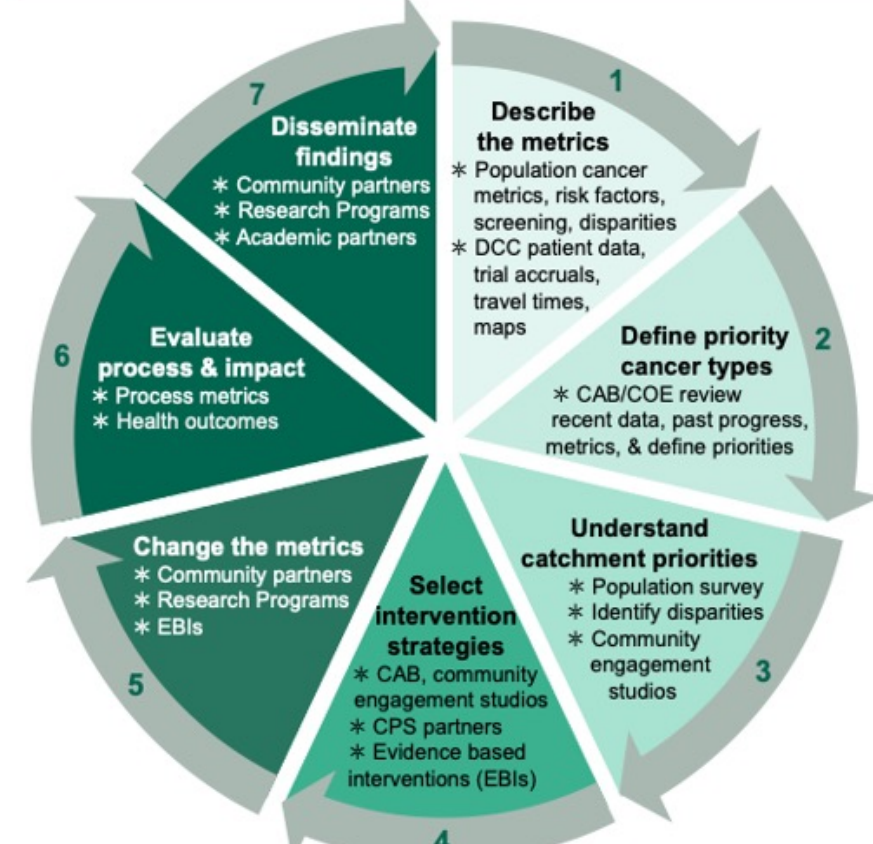
Community Health Worker

- Community Health Worker (CHW) trained in motivational interviewing conducted outreach to women from one clinic who were overdue for screening and lived in high ADI areas .
- Outreach was conducted via letter, patient portal, and phone.
- CHW addressed barriers to screening, including connecting women to NH's Breast and Cervical Cancer Program for free screening, if eligible.

Overall Project Goals

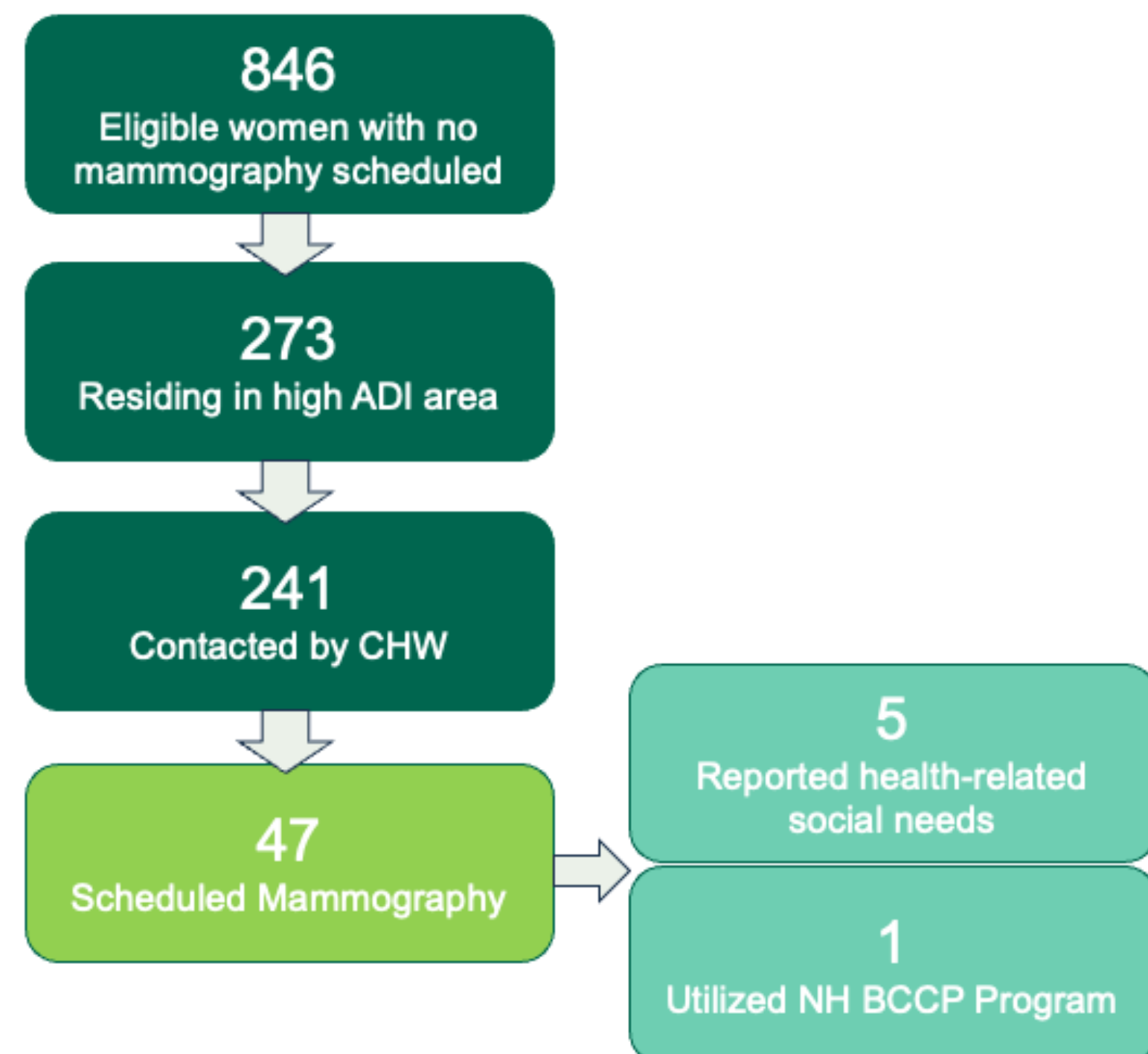
1. Eliminate ADI-related disparities in breast cancer screening among eligible patients aged 50-74.
2. Reach an 80% breast cancer screening rate among eligible patients living in high ADI communities.

Fig 2. DCC COE Process for Addressing Disparities



Pilot Project Results

Fig 3. CHW Outreach Attempts and Results



- **20%** of overdue women contacted by CHW scheduled a mammogram.
- CHW was able to identify health-related social needs and assist patients.

Top reasons for declining to schedule:

- Not Interested (44%)
- Focusing on other health issues (19%)
- Had a mammogram in another health system (18%)
- Too busy (11%)

Lessons Learned

- CHW Outreach was time- and labor-intensive.
- To improve outreach targeting, we are seeking opportunities to better identify those unlikely to schedule mammography.
- Interventions that can be tailored to an individual's motivations are needed to support broader engagement at the time of outreach.

¹Maroko, A.R., et al., *Integrating Social Determinants of Health With Treatment and Prevention: A New Tool to Assess Local Area Deprivation*. *Prev Chronic Dis*, 2016. **13**: p. E128.