An Analysis of Patient Perceived Promoters and Barriers to Colorectal Cancer Screening in an Urban Population, Baltimore, Maryland

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Introduction

- Colorectal Cancer (CRC) is the third leading cause of new cancer cases in USA
- CRC is the second leading cause of death in USA (50,310 in 2014)
- African-Americans more likely to die from CRC than other ethnicities
- Estimated 135,000+ cases of CRC diagnosed in 2014
- Over 30% of African-Americans have never been screened for CRC
Introduction

Colorectal Cancer Incidence and Mortality Rates* by Race/Ethnicity and Sex, 2006-2010

*Rates are per 100,000, and age adjusted to the 2000 US standard population. †Statistics based on data from Contract Health Service Delivery Area (CHSDA) counties.


American Cancer Society, Surveillance Research, 2014
Study Objectives

• Utilize a pre-existing data set obtained by the Johns Hopkins Urban Health Institute to develop a deeper sensibility of colorectal cancer and colorectal cancer screening burden among Baltimore residents
• Determine **major promoters** to obtaining and/or completing colonoscopy among East Baltimore residents
• Determine **major barriers** to obtaining and/or completing colonoscopy among East Baltimore residents
Methodology

- Grounded Theoretical Approach
- Nvivo for Mac
  - Coded all relevant comments by participants to particular nodes (themes)
- Open Coding
  - Situated in Grounded Theory, allowing for data to direct theoretical inquisition
- Comments coded to various themes (fear, insurance concerns, support systems, etc.)
Demographics

• 127 total participants
• Average age = 58 years old
• Over 95% of participants were 45+ years old
• Approximately 61% of participants had obtained CRCS
• Mix of insured/uninsured patients

Major Themes

Table 2 - Promoters and barriers to colorectal cancer screening in focus group participants, East Baltimore, MD.

<table>
<thead>
<tr>
<th>Major Promoters and Barriers</th>
<th>Frequency of Comments</th>
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</thead>
<tbody>
<tr>
<td><strong>Promoters</strong></td>
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<td>Support Systems</td>
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<td>Family History</td>
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<td>Role of Physicians</td>
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<td><strong>Barriers</strong></td>
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<td>Bowel Preparation</td>
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<td>Insurance/Cost</td>
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<td>Fear/Vulnerability/Taboo</td>
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<td>Role of Physicians</td>
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</table>
Conclusion & Recommendations

• Physical and personal barriers (e.g. time away from work, lack of familiarity with procedures, bowel preparation, fear) persist that impact both obtaining and completing a colonoscopy among African-Americans in East Baltimore

• Interventions targeted at patients (exposure to bowel preparation solutions, education, conversations about fear, free screening trials) might potentially improve CRCS rates and CRC outcomes

• Interventions targeted at providers (practice guidelines, pamphlets to provide patients, videos to give patients) might improve CRCS rates and CRC outcomes
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