

Health Literacy Is Fundamental To Cancer Control

Have You Had
Your Mammogram?



Regular Screening Leads To
A Healthier Future

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Health Literacy and Cancer Screening

5 year NCI RCT in 6 FQHC's

- Test health literacy intervention to improve initial and repeat CRC and breast cancer screening
- Compare effectiveness of intervention, with and without a Nurse Case Manager
- Evaluate efficacy of interventions to improve knowledge, beliefs and self-efficacy toward cancer screening
- Explore patient, provider, and system factors that facilitate or impede initial and repeat screening

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Healthy People 2010 Targets*

	1998	2010
Mammograms (2 years)		
All	67%	70%
Rural	65%	
African American	66%	
< High school	53%	
Low income	50%	
FOBT (2 years)		
All	35%	50%
African American	30%	
< High school	26%	
Low income	23%	

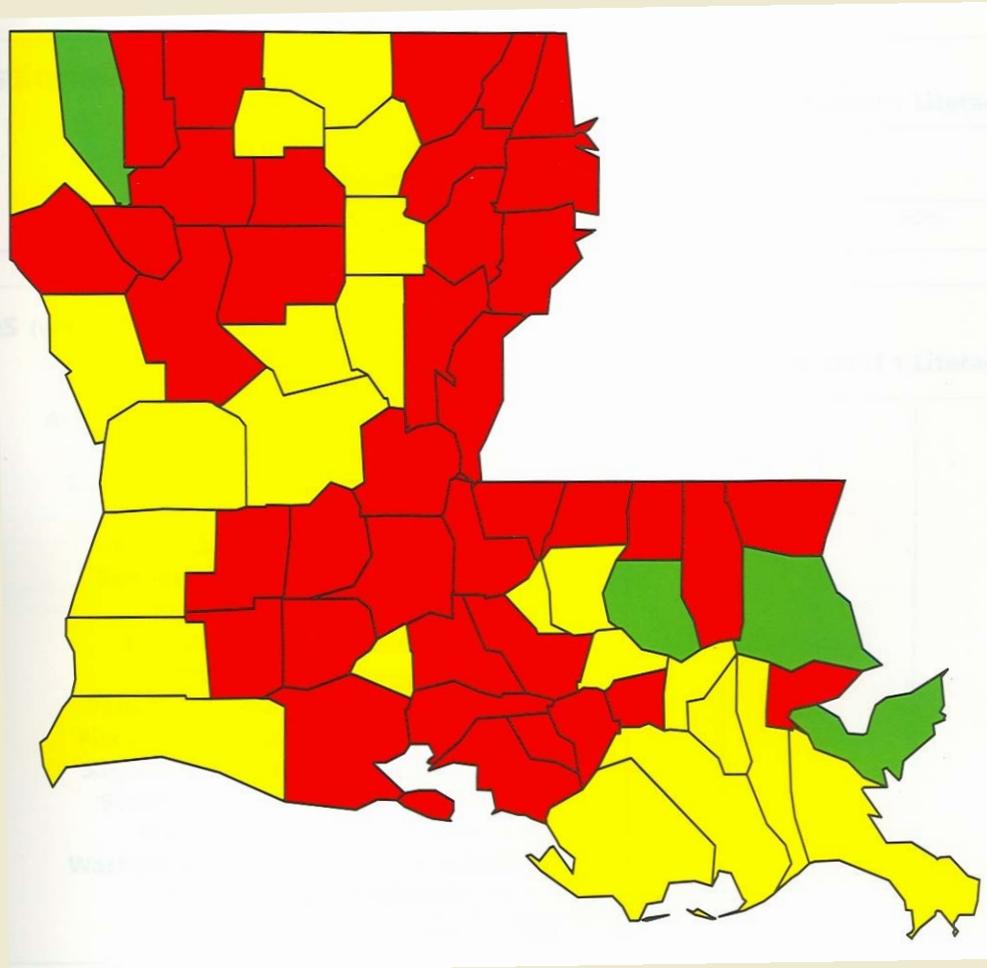
* Healthy People 2010

LA FQHC's Serve Vulnerable Populations

- LA: unhealthiest state in U.S.
- Many towns lack hospitals, providers
- High poverty
- 40% drop out rate
- Low literacy (28% Level 1 NALS)



Low Literacy Rates By Parish



% Adults with Level 1 Literacy Skills

■ > 30%

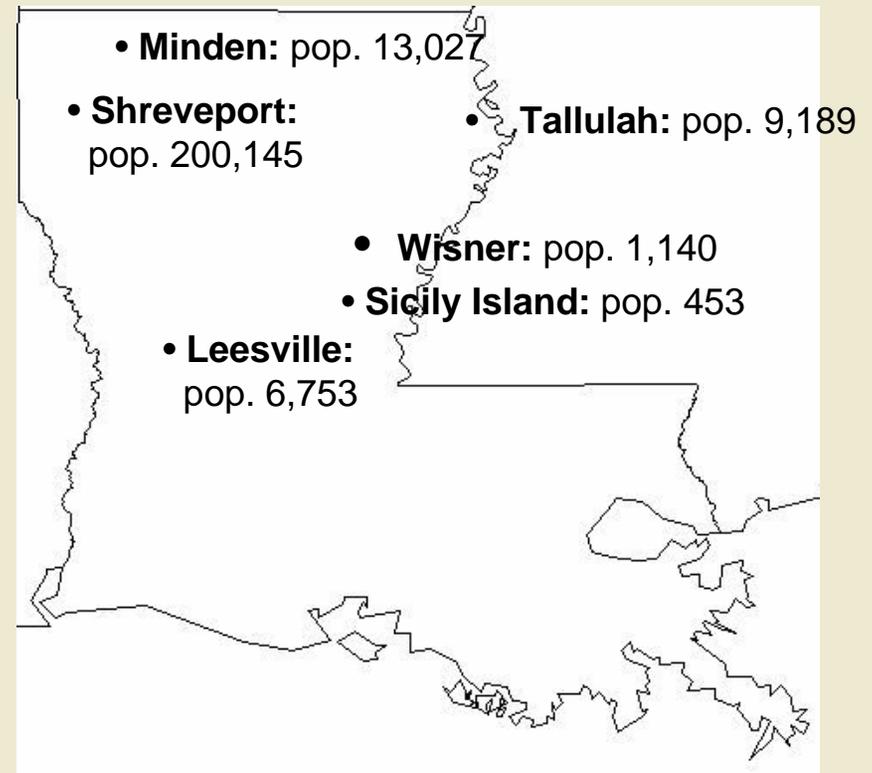
■ 20% to 30%

■ 15% to 20%

■ < 15%

Does Low Literacy Impact Cancer Screening

- Rates of screening in study clinics is low
 - 8 – 10% mammography
 - 1 – 2% CRC screening
- LA has high cancer death rate:
 - 1st in breast cancer deaths
 - 2nd in colon cancer deaths
- Previous LSU research
 - patients with low literacy have less K, poorer attitudes toward CRC & breast cancer screening



* CDC. <http://apps.nccd.cdc.gov/StateCancerFacts/state.aspx?state=Louisiana>

* DeWalt DA, *J Gen Intern Med.* 2004. 19:1228-1239

3 Arm RCT in 6 FQHC's

All patients receive structured interview at enrollment, 15 and 30 months; literacy test

- **Arm 1 - Standard care** (FOBT kit, no cost mammography, tracking)
- **Arm 2 - Education** (video, pamphlets, easy FOBT instructions, + all of the above)
- **Arm 3 - Education + Cancer Prevention Nurse Case Manager** (+ all the above)

REALM

List 1	List 2	List 3
fat	fatigue	allergic
flu	pelvic	menstrual
pill	jaundice	testicle
dose	infection	colitis
eye	exercise	emergency
stress	behavior	medication
smear	prescription	occupation
nerves	notify	sexually
germs	gallbladder	alcoholism
meals	calories	irritation
disease	depression	constipation
cancer	miscarriage	gonorrhea
caffeine	pregnancy	inflammatory
attack	arthritis	diabetes
kidney	nutrition	hepatitis
hormones	menopause	antibiotics
herpes	appendix	diagnosis
seizure	abnormal	potassium
bowel	syphilis	anemia
asthma	hemorrhoids	obesity
rectal	nausea	osteoporosis
incest	directed	impetigo

*Davis TC, *J Fam Med*. 1993

*Davis TC, *AMA Press*. 2005

Questionnaire

- Extensively pilot tested for comprehension
- Likert scales limited to 4 points, 2-step approach, cue card
- Electronically administered using SNAP



Pamphlets Developed with FQHC Patients and Providers

Have You Had Your Mammogram?



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All Women 40 And Over Need To Get Mammograms



"The nurse scheduled my mammogram. It was easy, convenient and did not take long."

- Even if you look and feel fine it is important to get a mammogram.
- Mammograms look for hidden cancer before you have problems.
- The test is completely confidential.
- Your chance of getting breast cancer increases as you get older.
- Cancer can show up at any time, so it is important to get a mammogram every 1 to 2 years.
- If cancer is caught early, it can be treated.



"I was surprised how easy the whole thing was."

Reading Level: 5th grade

FQHC Tailored Pamphlet

Get Screened for Colon Cancer



An Easy Test You Do At Home

Do It Now While You're Healthy!



"I do my colon cancer test at home every year. It gives me peace of mind."



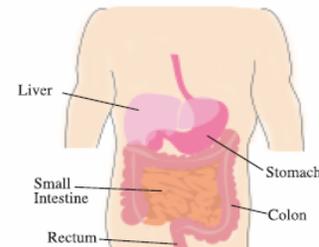
"The test is safe and private."



"It's just so easy to do. It's a no-brainer."

- If you are 50 years old or older – you need to get tested for colon cancer even if you feel fine.
- The test looks for hidden cancer before you have problems.
- Colon cancer tests are completely confidential.
- Getting tested regularly is the only way to prevent colon cancer.
- Men and women need to be tested every year.

Where Is My Colon?



Reading Level: 6th grade

“No Brainer” FOBT

COLON CANCER TEST

The Easy Test You Do At Home

Follow these easy instructions.
Mark your answers on the card and
mail back to your doctor.

Your doctor needs this information
to take good care of you.

For:

TEST YOUR BOWEL MOVEMENTS (BM) 3 DIFFERENT TIMES:

1st Time

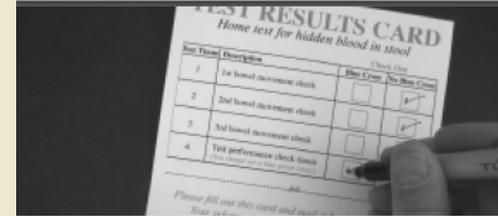
- Before you start the test, urinate (*pee*) and then flush.
- Have a BM (*bowel movement / poop*) but do not flush the toilet yet.
- Put one tissue from the package into the toilet. (*It does not need to touch the BM.*)
- Wait 2 minutes.
- Do you see a blue cross on the tissue?
- Mark your answer on the card.

2nd Time

- Do the test when you have another BM.
- Wait 2 minutes.
 - Do you see a blue cross on the tissue?
 - Mark your answer on the card.

3rd Time

- Do the test when you have a 3rd BM.
- Wait 2 minutes.
 - Do you see a blue cross on the tissue?
 - Mark your answer on the card.



WHAT IF YOU SEE A BLUE CROSS ON ONE OF THE TISSUES?

- It means you may have blood in your BM. You need to call your doctor.
- It does not necessarily mean that you have cancer. It may mean that you have problems like hemorrhoids or ulcers.
- If you do not see any blue on the tissues, you do not have any blood in your BM but you still need to mail back the card.

LAST STEP: CHECK THE TISSUES TO MAKE SURE THEY WORKED.

- Flush the toilet.
- Open the Positive Control Package.
- Sprinkle the powder from the package into the toilet **while the bowl is filling up**. Don't get the powder on your skin.
- Wash your hands to make sure you do not have powder on them.
- Wait 1 minute. Drop a tissue in the toilet.
- In 2 minutes, you should see a blue cross on the tissue. This means the test worked.
- You may see an orange cross instead of a blue cross. This also means the test worked.

Reading Level: 3rd grade

Videos

Developed with patients
and providers

- **Bingo Lingo**
 - 4.13 min
 - for women
- **The Breakfast Club**
 - 3.17 min
 - for men



Our previous research shows videos need to be short (<5 minutes), include target audience, be engaging, contain some humor, include a physician but no “talking heads”

Breakfast Club

Patient Enrollment To Date

n=425*

Demographics

Age (range)	56 (40-71)
% Female	74%
% Black	52%
Education (mean, range)	12 th grade (4 th grade- college)

Literacy (REALM)

≤ 6 th grade	5%
7 th – 8 th grade	30%
≥ 9 th grade	65%

Payment

Private insurance/managed care	2%
Medicaid	15%
Medicare	15%
Self-pay/no insurance	68%

* enrollment goal 2000 patients (of 1500 F, 1140 M & F)

Baseline Interview Findings*

Mammograms

- 85% reported receiving a physician recommendation for mammography
- 77% previously had a mammogram
 - 53% of these had not been rescreened in ≥ 4 years
- Most common reasons for not getting one
 - 63% put it off
 - 13% had not had any problems
 - 9% afraid they would find out they had cancer

* as of 12/12/08

Barriers and Misconceptions

- 71% - mammograms are uncomfortable
- 20% believed they were embarrassing
- 17% did not know how to get one
- 15% thought they were a lot of trouble
- Most common misconception - age of initial screening
 - 78% believed it was < age 40

Baseline Interview Findings: CRC

- 11% reported they had completed a FOBT
- 66% of these not screened in >3 years
- Only 26% reported physician recommendation
 - Of these 82% had received recommendation for colonoscopy and 22% for FOBT
- 9% reported doctor had given them a FOBT; 3% got a kit at health fair

Lessons Learned

Conducting Research in FQHC's

- Clinics like to participate but focused on patient services and funding
- FQHC staff and administrators lack understanding of the structure and consistency needed in research
- Investigators need to understand clinic's system and culture and work with staff to embed research in it
- Investigators need an ongoing relationship with staff, administrators and study personnel
- Frequent on-site visits are essential
- RA's need good "people skills"
- Physician turnover not unusual in FQHC's (green card)

What Makes Study Easier?

Feedback From RA's & Clinic Directors

- Physician/nurse enthusiasm about project
- \$10.00 payment for patient time
- Patient interview best before doctor visit
- Stickers on patient charts
- Mammography in same town
- Clinics appreciated offering no-cost FOBT's and mammograms

Navigation Challenges

- Small rural hospitals may have to contract with radiologists - not on staff
- Poor patients with positive results must be referred to a public hospital (often in distant city)
- FQHC staff inexperienced in navigating public hospital referral system

Summary & Possibilities

- Patients cared for in rural FQHCs in North Louisiana have a high awareness of CRC but few have been screened or offered screening
- Lack adequate knowledge & physician recommendation
- Majority of women had at least 1 mammogram, but most were not up to date with screening
- Many study patients who are getting screened – need further evaluation – navigation grant is needed
- FQHC's will be good partner for future research