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ACG HEPATOLOGY SCHOOL & WESTERN REGIONAL POSTGRADUATE COURSE
JANUARY 27-29, 2023 | CAESARS PALACE LAS VEGAS, NEVADA

Register online: meetings.gi.org
All attendees will be muted and will remain in Listen Only Mode. Type your questions here so that the moderator can see them. Not all questions will be answered but we will get to as many as possible.
How to Receive CME and MOC Points

LIVE VIRTUAL GRAND ROUNDS WEBINAR
ACG will send a link to a CME & MOC evaluation to all attendees on the live webinar.

ABIM Board Certified physicians need to complete their MOC activities by December 31, 2022 in order for the MOC points to count toward any MOC requirements that are due by the end of the year. No MOC credit may be awarded after March 1, 2023 for this activity.

MOC QUESTION
If you plan to claim MOC Points for this activity, you will be asked to: Please list specific changes you will make in your practice as a result of the information you received from this activity.

Include specific strategies or changes that you plan to implement. THESE ANSWERS WILL BE REVIEWED.
ACG Virtual Grand Rounds
Join us for upcoming Virtual Grand Rounds!

**Week 3 – Thursday, January 19, 2023**
Cannabis for Gastrointestinal Disorders: Everything You Wanted to Know, But Were Afraid to Ask
Faculty: Linda Anh Nguyen, MD
Moderator: Steven Carpenter, MD, FACG
At Noon and 8pm Eastern

**Week 4 – Thursday, January 26, 2023**
Managing IBD: Technology Enabled, Resilience-Based Self-Management Solutions (sponsored by GI OnDEMAND)
Faculty: David T. Rubin, MD, FACG; Laurie A. Keefer, PhD, and Megan Riehl, PsyC
At Noon and 8pm Eastern

Visit gi.org/ACGVGR to Register

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ACG 2023

**October 20-25, 2023**
Vancouver, Canada

Save the Date!

Be sure your passport is up to date!
Disclosures

Renee L. Williams, MD, MHPE, FACG
Stock owner Boston Scientific and Advisory Board - Janssen

Loren G. Rabinowitz, MD
Dr. Rabinowitz has no relevant relationships with ineligible companies.

*All of the relevant financial relationships listed for these individuals have been mitigated

HOW CAN WE CLOSE THE SCREENING DISPARITY GAPS IN OUR POPULATION?

Renee Williams, MD, MHPE, FACG
Associate Professor of Medicine
Associate Chair, Diversity Equity & Inclusion
Director, Saul J Farber Program in Health Equity
NYU Grossman school of Medicine
Virtual Grand Rounds

COLORECTAL CANCER INCIDENCE


Virtual Grand Rounds

COLORECTAL CANCER MORTALITY

COLORECTAL CANCER SCREENING RATES

NATIONAL SCREENING RATE – BRFSS
Percentage of U.S. Adults Age 50-75 years Up-to-Date with CRC Screening, Behavioral Risk Factor Surveillance System⁶

<table>
<thead>
<tr>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>65.2%</td>
</tr>
<tr>
<td>2014</td>
<td>66.2%</td>
</tr>
<tr>
<td>2016</td>
<td>67.3%</td>
</tr>
<tr>
<td>2018</td>
<td>68.8%</td>
</tr>
<tr>
<td>2020</td>
<td>69.7%</td>
</tr>
</tbody>
</table>

NATIONAL SCREENING RATE – NHIS
CRC Screening Among Adults Aged 50-75 Years, US, 2013-2018, National Health Interview Survey⁷

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Year</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 50+</td>
<td>2013</td>
<td>59%</td>
</tr>
<tr>
<td></td>
<td>2014</td>
<td>63%</td>
</tr>
<tr>
<td></td>
<td>2018</td>
<td>66%</td>
</tr>
<tr>
<td>Ages 50-64</td>
<td>2013</td>
<td>53%</td>
</tr>
<tr>
<td></td>
<td>2014</td>
<td>58%</td>
</tr>
<tr>
<td></td>
<td>2018</td>
<td>61%</td>
</tr>
<tr>
<td>Ages 65+</td>
<td>2013</td>
<td>65%</td>
</tr>
<tr>
<td></td>
<td>2014</td>
<td>68%</td>
</tr>
<tr>
<td></td>
<td>2018</td>
<td>71%</td>
</tr>
</tbody>
</table>

https://nccrt.org/data-progress/
CRC SCREENING RATES BY POVERTY LEVEL

<table>
<thead>
<tr>
<th>By Poverty Income Level</th>
<th>Overview Graph</th>
<th>Detailed Trend Graphs</th>
<th>Most Recent Estimates (2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Percent of adults</td>
<td>95% Confidence Interval</td>
</tr>
<tr>
<td>&lt;200% of federal poverty level</td>
<td></td>
<td>55.4</td>
<td>53.3 - 57.5</td>
</tr>
<tr>
<td>&gt;=200% of federal poverty level</td>
<td></td>
<td>71.3</td>
<td>70.2 - 72.3</td>
</tr>
</tbody>
</table>

https://progressreport.cancer.gov/detection/colorectal_cancer

STRATIFICATIONS OF DISPARITIES IN SCREENING OUTCOMES

• Race/Ethnicity
• Sex
• Socioeconomic status
• Geographic location
  • Neighborhoods, county, state, rural vs urban etc
• Immigrant Status
• Occupation
• Educational level
• Insurance coverage
• Age
• English proficiency/language
• Income
• Behavioral risk factors


17

18
CAUSATION IS COMPLEX

- Differences in access
  - Preventative services
  - Screening services
- Social risk factors
  - Lack of culturally aligned services
  - Driven by SDOH
- Inadvertent creation of structural barriers

HOW DO WE CLOSE THE GAP?

- Equitable access
- Quality access
- Health equity framework
  - Social determinants of health
  - Policy
  - Community engagement
  - Individual
  - Screening processes
- Stratify barriers and facilitators to CRC screening

Caring for the **whole person**, and understanding their **lived environment** must inform strategies for health care delivery.

Providers need to **recognize** underlying **social determinants of health** in the populations we serve, and **tailor care** accordingly.

High-quality care should be **accessible** to our patients where they live, work and play.

**Access to Healthcare is Not Equitable**

**Socioeconomic Factors**
- Education
- Job Status
- Income
- Community Safety

**Physical Environment**
- Diet & Exercise
- Alcohol Use

**Health Behaviors**
- Sexual Activity

**Health Care**
- Access to Care
- Quality of Care

Root causes of health inequities

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Factors that influence disparities in access to care and quality of health care services, by level

**LEVEL 4: Policy and community**
- Neighborhood and community resources

**LEVEL 3: Organization and provider**
- Organizational motivation, resources, staff attributes, climate, and teamwork
- Patient programs and services, insurance and affordability, and provider and system-level supports

**LEVEL 2: Family, friends, and social support**
- Ongoing support from family and friends

**LEVEL 1: Individual patient**
- Patient education and clinical care and biological, sociodemographic, and psychological factors

**INTERVENTION TARGETS**
- KEY INTERACTIONS
  - Patients and support networks
  - Health care providers
  - Community health workers
  - Other organizational members and stakeholders

**HEALTH CARE PROCESSES**
- Clinical outcomes
- Avoidable hospital admissions
- Patient experiences of care
- Equity of services
- Costs

**OUTCOMES**

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**INTerventions**
LEVEL 1: PATIENT EDUCATION

1. NCCRT 2022 Messaging Guidebook for Black or African American People
2. ACG CRC Community education toolkit
3. CDC What should I know about CRC screening
4. Multilingual resources should be utilized

LEVEL 2: FAMILY, FRIENDS AND SOCIAL SUPPORT

LEVEL 3: PROVIDER AND ORGANIZATIONS
**CULTURALLY COMPETENT CARE - INDIVIDUAL**

- **Linguistic and/or cultural matching**
  - Bilingual/bicultural medical professionals
  - Medical represent the target community

- **Incorporation of culturally specific concepts into individual contacts**
  - Perception of access barriers to care
  - Use of specific culturally competent communication
  - Use culturally specific language patterns

- **Use of culturally and linguistically adapted/appropriate written or visual material**
  - Consent forms
  - Screening instruments
  - Videos

- **Involvement of families**
  - Families are involved in the treatment process

- **Continuity of care**
  - Follow up clinic visits
  - Home visits
  - Telephone calls

CULTURALLY COMPETENT CARE - ORGANIZATION

- Cultural competence training for healthcare providers
- Human resources development
  - Recruitment of bilingual staff
- Integration of interpreter services
- Adaption of facility’s social and physical environment


LEVEL 4: POLICY AND COMMUNITY
PROVIDING ACCESS TO CULTURALLY COMPETENT CARE

- Integration of community health workers (CHW)
  - Help patients navigate the system
- User engagement and networking
  - Strategies to assure cultural appropriateness of healthcare interventions
- Telemedicine
  - Overcome limited access to healthcare
- Creating community health networks


PRINCIPLES OF COMMUNITY ENGAGEMENT

- Have a shared goals with the community
- Understand the community and history of engagement
- Build trust and see come in from stakeholders
- Respect diverse perspectives within a community
- Identifying mobilize community assets
- Partner with the community
- Assure community ownership and control of actions
- Long-term commitment
Establishment of the Delaware Cancer Advisory Council in 2001
- Develop a statewide cancer control program
- Increase CRC screening
- Target quality treatment
- Utilize patient navigation to promote access to screening and proper care
- “Turning Commitment into Action”

Fully funded by the Delaware State Legislature in 2003
- CRC screening program
- Provided reimbursement to uninsured Delaware residents
- Coverage via Medicaid and Medicare
- Cancer treatment program for the uninsured (2004)
- Coverage for 2 years of therapy for the uninsured
- Emphasis on African-American cancer disparity reduction
- Nurse navigators
- Underserved community organizations

Cost Analysis
- CRC incidence across USA: $14 billion annually
- Delaware screening program: $1 million annually
- Increased screening: $8.5 million saved from reduced incidence and stage shift


**C5 MISSION STATEMENT**

To **partner with the NYC DOHMH** to increase awareness and screening for colorectal cancer and adenomatous polyps in NYC men and women in order to **reduce the incidence and mortality** of this highly prevalent and preventable disease.


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**NYC COLORECTAL CANCER CONTROL COALITION (C5)**

- 1500 CRC deaths per year in NYC
- 42% screening rate in 2003

Figure 1. C5 structure. C5 indicates Citywide Colon Cancer Control Coalition; DOHMH, Department of Health and Mental Hygiene; NYC, New York City.

Figure 1.
Conceptual framework for health equity for addressing social determinants of health and structural barriers to eliminate disparities in colorectal cancer mortality.
THANK YOU

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Questions

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