

Formative Evaluation of Colorectal Cancer Screening Practices at Two Hawai'i Rural Community Health Centers and One Urban Hospital

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October 2023

Evaluation Overview

The Hawai'i Department of Health (HDOH) Cancer Program goals include improving low colorectal cancer screening (CRCS) rates. The Healthy Hawai'i Strategic Plan 2030 Objective 9 to improve CRCS rates includes the following strategies: 1) Partner with the Hawai'i Primary Care Association to increase and implement evidence-based interventions (EBI) at federally qualified health centers (FQHCs), 2) Identify resources and secure funding for implementation, 3) Evaluate the effectiveness of the implementation of the EBI. The HDOH engaged the Healthy Hawai'i Evaluation Team (HHET) to conduct a formative evaluation of the current CRCS practices at FQHCs and health systems across the state in the summer of 2023.

Evaluation Objectives

To understand:

1. Which EBIs are currently used to increase CRCS and how do health center staff view/measure success from those interventions.
2. Which EBIs were previously used to increase CRCS, what level of success was achieved using those interventions, and why the interventions were stopped.
3. Which EBIs have not yet been tried, what expected outcomes would be from those interventions, and what the barriers or facilitators would be to implement those interventions.

Methods



Three health care organizations participated in this evaluation, including two FQHCs from rural counties and one urban hospital that is part of a larger health system.



HHET collected initial data on CRCS interventions through a pre-interview worksheet, then conducted a follow-up group interview with up to four participating staff members per FQHC/health system.



Findings from the pre-interview worksheets were reported quantitatively, while group interview data was analyzed using thematic analysis and reported by intervention.

Key Findings



All three sites that participated in interviews were utilizing between eight and eleven EBIs already, a high amount.



Common interventions across all sites were multicomponent interventions, engaging community health workers (CHW), client reminders, one-on-one education, reducing out of pocket costs, reducing structural barriers, patient navigation services, and provider reminder and recall systems.

Recommendations

Finding

- Media products: Sites using small and mass media interventions lacked a coordinated, overarching campaign that could be tailored to local populations.
- Community health workers (CHW): While all three sites had staff performing CHW-like roles or engaging CHWs, more could be done to leverage CHW skills.
- Client incentives: Both FQHCs mentioned that they wanted to be able to provide clients with incentives.
- Reducing out of pocket costs: One site discussed how colonoscopies are unaffordable for clients.
- Reducing patient barriers: Transportation, using patient portals, and completing online questionnaires were cited as barriers.

Recommendation

- Coordinate a media campaign (using traditional mass media products and educational materials) to build awareness of the need for CRCS.
- CHWs could engage in one-on-one or group education, and could be further supported with small media materials to conduct that education.
- Work with insurers and foundations to provide client incentives for CRCS and colonoscopy.
- Work with non-profits and donors to develop a grant program to help patients pay out-of-pocket costs.
- Explore ride share vouchers or grants to purchase vans, and increase use of patient focus groups to test electronic medical record use.