



AUCH

ASSOCIATION FOR UTAH COMMUNITY HEALTH



UTAH DEPARTMENT OF
HEALTH



13

Health Center
Organizations



CENTER FOR **HOPE**

HEALTH OUTCOMES & POPULATION EQUITY

Planning for Diversity: BeatPain Utah

Julie M. Fritz, PT, PhD

David W. Wetter, PhD



Disparities in Pain Prevalence and Management



From 1999 to 2016, the rate of opioid mortality increased 4.5 times faster in rural versus metro communities



Persons residing in low-income communities have a 63% higher odds of receiving a prescription opioid for a new back pain diagnosis



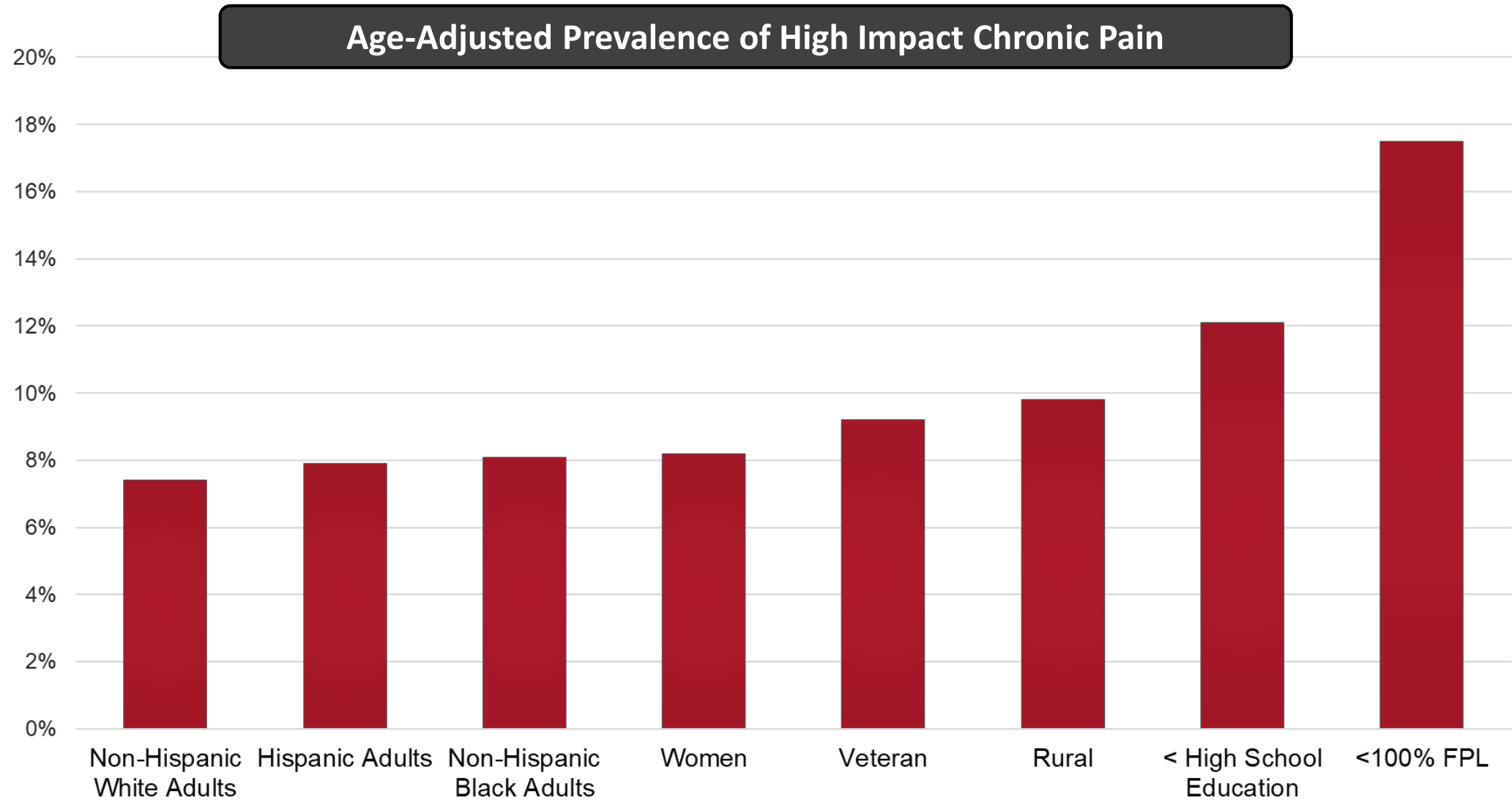
Use of self-management and nonpharmacologic pain treatments are lower in rural versus non-rural settings, lower for persons of Hispanic/Latino ethnicity

Gebauer S, et al. *J Am Board Fam Med*. 2017;30(6):775-783.

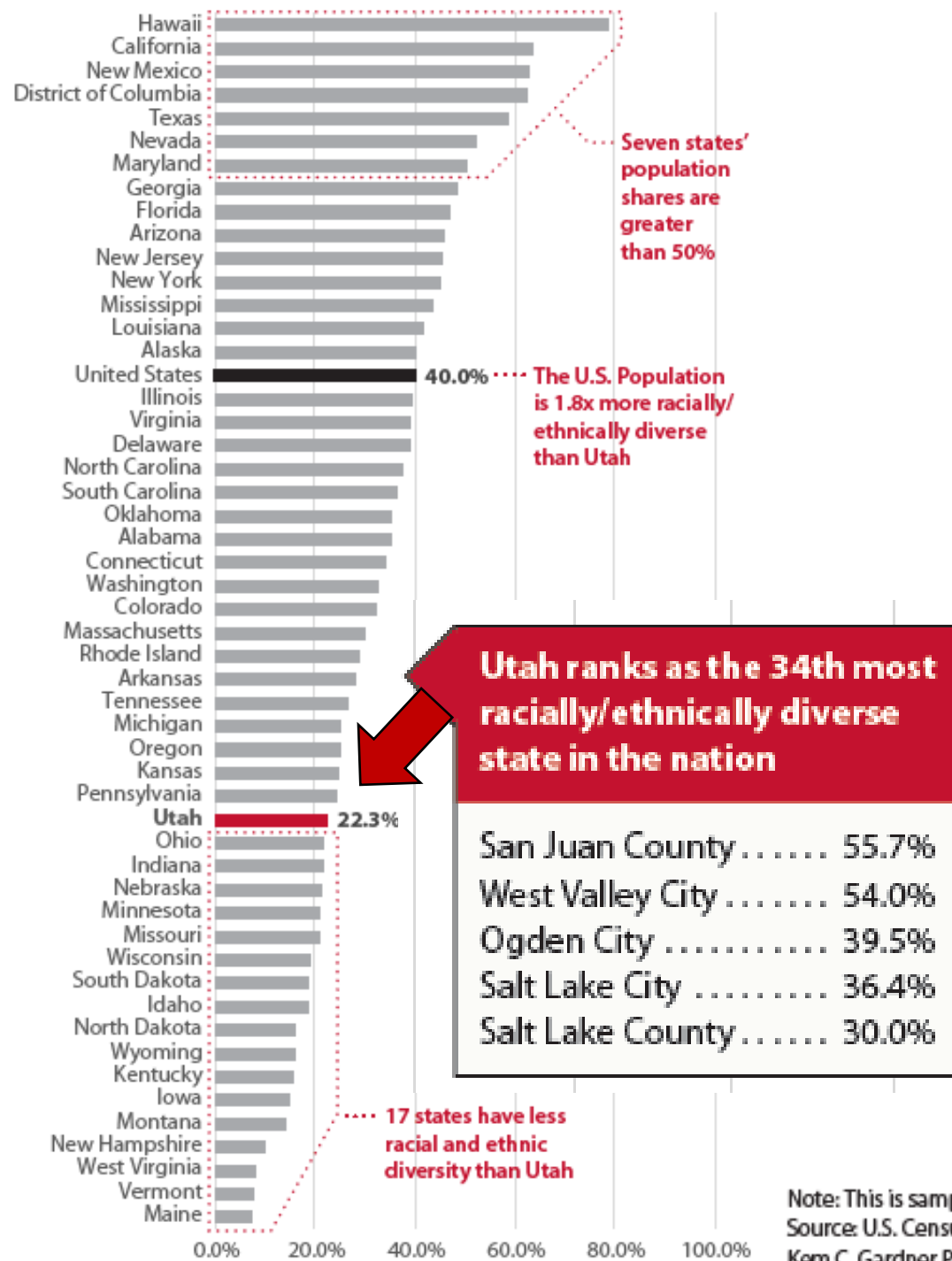
Monnat and Rigg, The Opioid Crisis in Small Town America. Available at: <https://carsey.unh.edu/publication/opioid-rural-smalltown-us>

García MC, et al. *Morbidity Mortality Weekly Report*. January 18, 2019, 68(2);25–30

Disparities in Pain Prevalence and Management

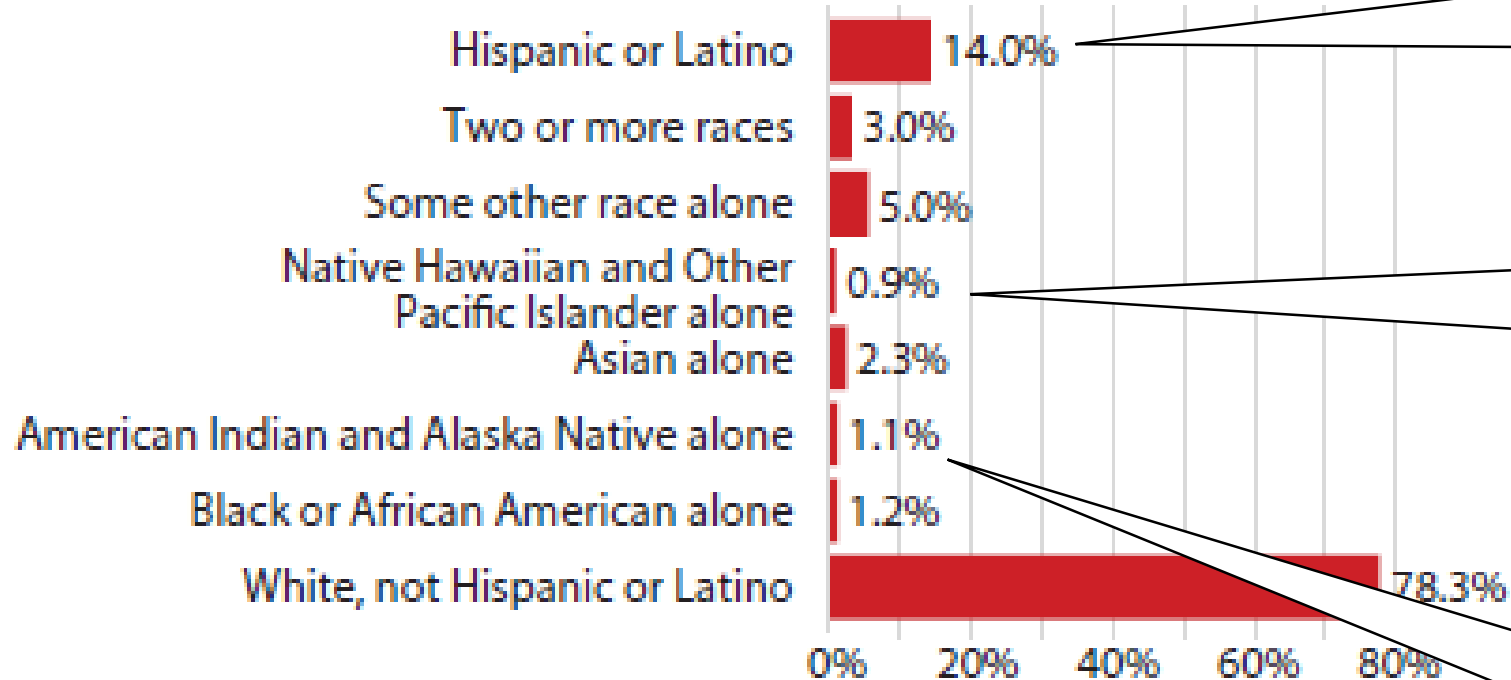


Share of the Population Identifying Outside Non-Hispanic White



Note: This is sample-based survey data.
 Source: U.S. Census Bureau, American Community Survey Ranking Tables. Calculations by Kem C. Gardner Policy Institute.

Figure 1. Share of Utah Population by Race and Ethnicity, 2015–2019



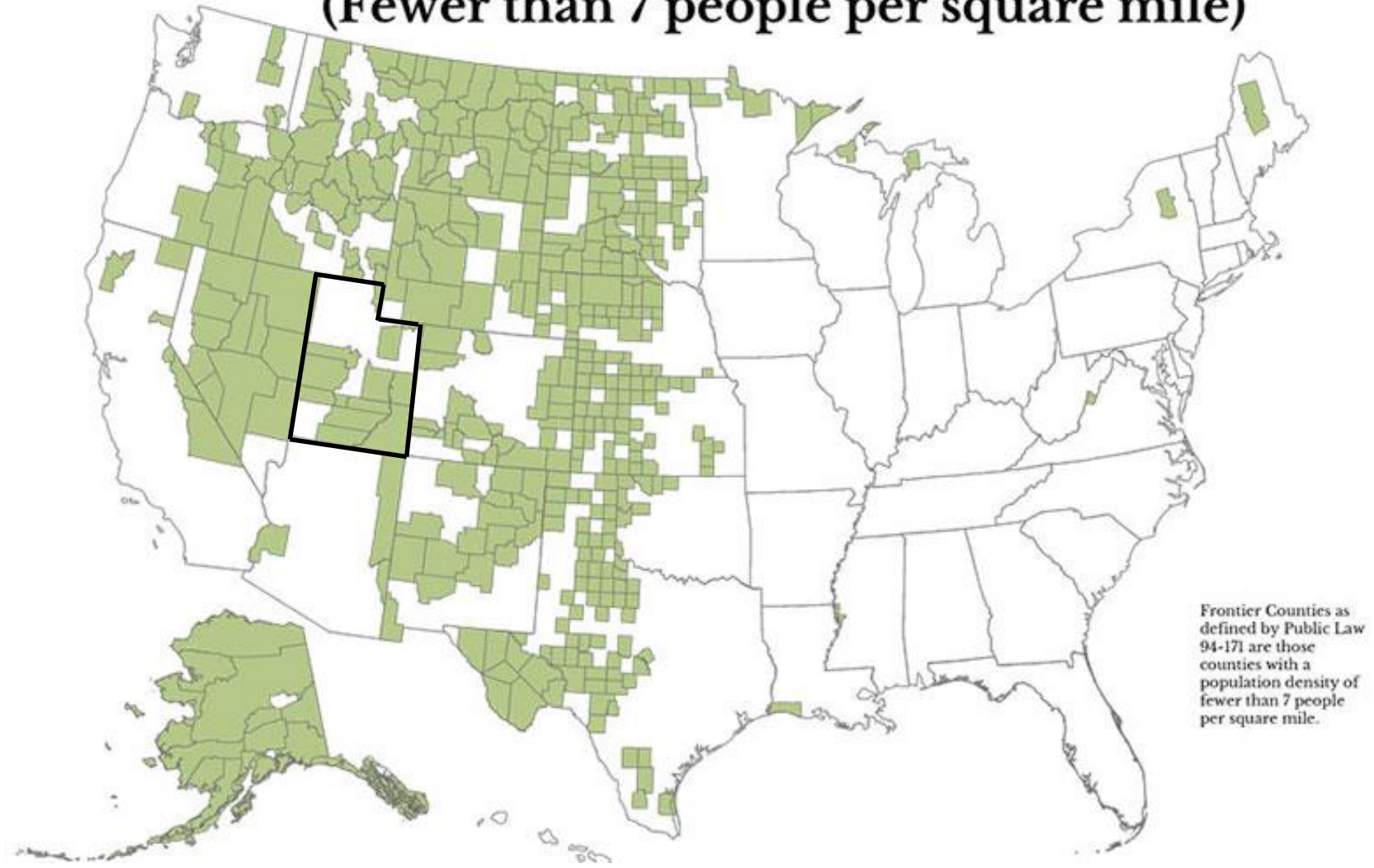
Utah ranks 13th for percent Hispanic/Latino

Utah ranks 5th for percent Native Hawaiian/Other Pacific Islander

Utah ranks 13th for percent American Indian/Alaskan Native

Source: U.S. Census Bureau, 2019 5-Year American Community Survey Estimates

Frontier Counties (Fewer than 7 people per square mile)



Frontier Counties as defined by Public Law 94-171 are those counties with a population density of fewer than 7 people per square mile.

Center for HOPE Mission, Vision, Foci

Purpose: Serve as a *research infrastructure* and bridge between scientists and community organizations (e.g., health care, government, education, nonprofits, faith based, social services, tribal) throughout Utah and the Mountain West. Utilize **strategic focused partnering** for **community engagement and sustainability**.

Mission: Bring communities and researchers together to **create long-term solutions** to prevent cancer, chronic and infectious disease, and improve health among underserved populations.

Vision: Equity in cancer and chronic disease incidence, morbidity, and mortality in Utah/Mountain West.

Major Research Foci:

- Health inequities
- Implementation and dissemination of evidence-based interventions
- Behavioral interventions
- Low socioeconomic status, racial/ethnic minority, rural/frontier

Training Mission

- Train scientists/researchers to address health inequities and social justice



Strategic, Focused Partnering for Community Engagement and Sustainability

Partnership Categories

- **Network Partner:** Maintain contact for information sharing, dissemination, recruitment.
- **Development Partner:** Developing relationship toward potential projects/proposals; communicate on shared priorities and opportunities.
- **Research Partner:** Long-term, formal partnership for research projects or programs; shared decision-making.



2019 Data

Racially/Ethnically Diverse

- 49% Hispanic/Latino Ethnicity
- 9% American Indian/Alaska Native

Low Socioeconomic Status

- 66% < Federal Poverty Level
- 49% Uninsured

Rural/Frontier (28 Clinics in Total)

- 10 clinics in frontier counties (<6 people per square mile)
- 18 clinics in rural counties (6-100 people per square mile)

13 Utah health centers* operate **54 clinics** in urban and rural communities and provide care to more than **167,000 people** annually.

167,173
TOTAL PATIENTS SERVED



118,765
Adults



48,408
Children / Adolescents



7,172
Individuals Experiencing
Homelessness



6,171
Agricultural Workers

UTAH HEALTH CENTERS SERVED



1 IN EVERY 20 UTAHNS



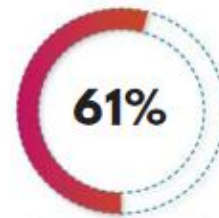
1 IN 3 UTAHNS
LIVING IN POVERTY



1 IN 4 UNINSURED UTAHNS



49%
of patients are uninsured



61%
identify as a racial or
ethnic minority



92%
of patients are at
or below 200% of the
Federal Poverty Guidelines (FPG)
(e.g. annual income of \$26,500 for a family of four)

66% of patients are
at or below 100% FPG

Research Partnership

Association for Utah Community Health (AUCH)

Utah Department of Health (UDOH)

Utah Community Health Centers (CHCs)

Center for HOPE/University of Utah/Huntsman Cancer Institute



- Funded Grants
 - QuitSMART Utah (PCORI Pragmatic Trial) \$9.5M
 - HRSA Health Information Technology (AUCH leads)
 - Colorectal Cancer Screening (CDC) ~\$3.5M
 - BeatPain Utah (NINR) ~\$3M
 - RADxU COVID-19 (NCATS) ~\$5M
 - HPV Vaccination (ACS) ~\$900K

- Pending Grants
 - RADxUP COVID- 19 Schools (NIH)
 - Social Determinants of Health/Obesity (NIH)

- Planned Grant Submissions
 - RADxUP COVID- 19 Phase II (NIH)
 - Low Dose CT Screening for Lung Cancer (NIH)
 - Adolescent Vaping (NIH)



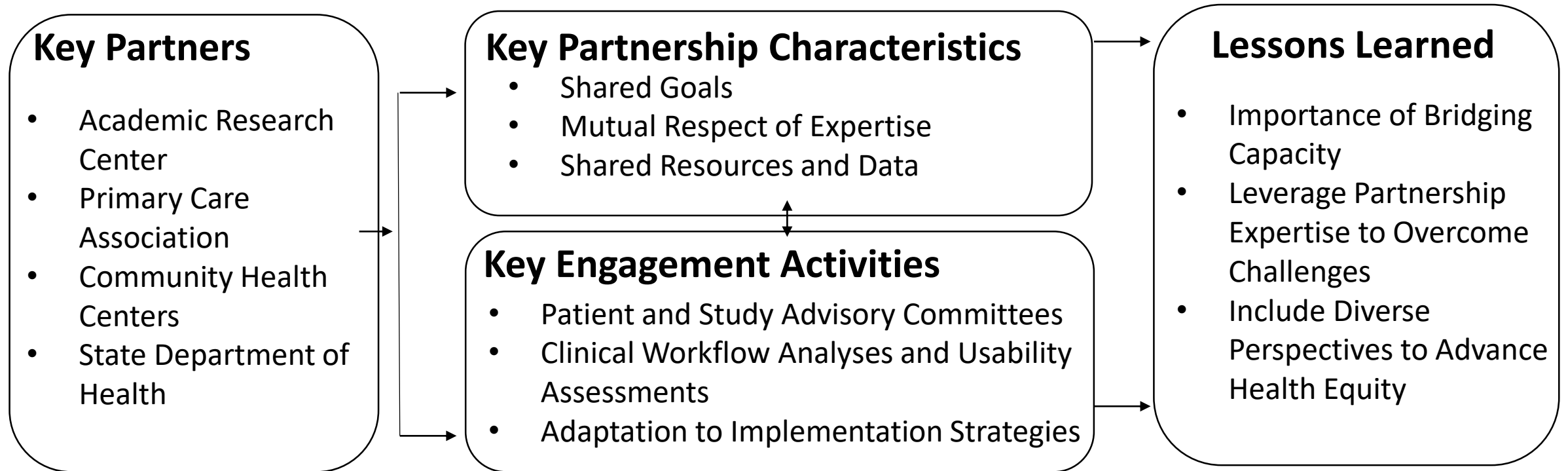
CENTER FOR HOPE

HEALTH OUTCOMES & POPULATION EQUITY

UNIVERSITY OF UTAH



Community – Engaged Dissemination and Implementation Research



Schlechter, C. R. et al. Application of Community – Engaged Dissemination and Implementation Research to Improve Health Equity. (under review)

Partnership Characteristics

- Shared Goals
 - All of our research projects have been driven by the priorities of our community partners
- Mutual Respect of Expertise
 - Patient and Study Advisory Committees
 - Primary Care Association team member from AUCH embedded at the Center for HOPE
- Shared Resources and Data
 - All projects include bidirectional communication with respect to patient data (e.g., immunization registry)
 - Utah Department of Health has shifted funding and provided resources/data to create synergy with the funded research projects (e.g., providing tobacco cessation medications for uninsured; identifying COVID hotspots to target)
 - Projects have provided funding to AUCH to tie together Utah's 13 CHCs via a Population Health Management tool

Designing for Sustainability

- **Health Information Technology as a Foundation**
 - Work with CHC EHRs and EHR vendors to create solutions that can be immediately disseminated and implemented by other users of those EHRs
 - Population Health Management tools to tie CHC systems together to enable identification of patient cohorts and “campaigns” (e.g., texting) to address patient needs
- **Community Health Workers/Health Educators/Patient Navigators**
 - Many CHCs have Community Health Workers on staff
 - Association for Utah Community Health has Community Health Workers on staff
- **Utilize Existing Evidence-Based Interventions (EBIs)/Resources**
 - Linkages for primary prevention utilize existing EBIs (e.g., Tobacco Quitlines, Diabetes Prevention Programs)
 - Linkages for screening/testing/vaccination collaborate with state programs (e.g., colorectal, breast and cervical, COVID, HPV)

SUMMARY

- Consider the different categories of partnerships
- Research opportunities arise from the priorities of community partners
- Mutual respect for expertise and bidirectional communication
- Designing for sustainability from the outset

Grand Rounds Diversity Workshop Series

Session 1: Planning for Diversity: Stakeholder Engagement and Site Selection to Maximize Diversity

Gloria Coronado, Distinguished Investigator
Amanda Petrik, Sr. Research Associate

Presentation Agenda

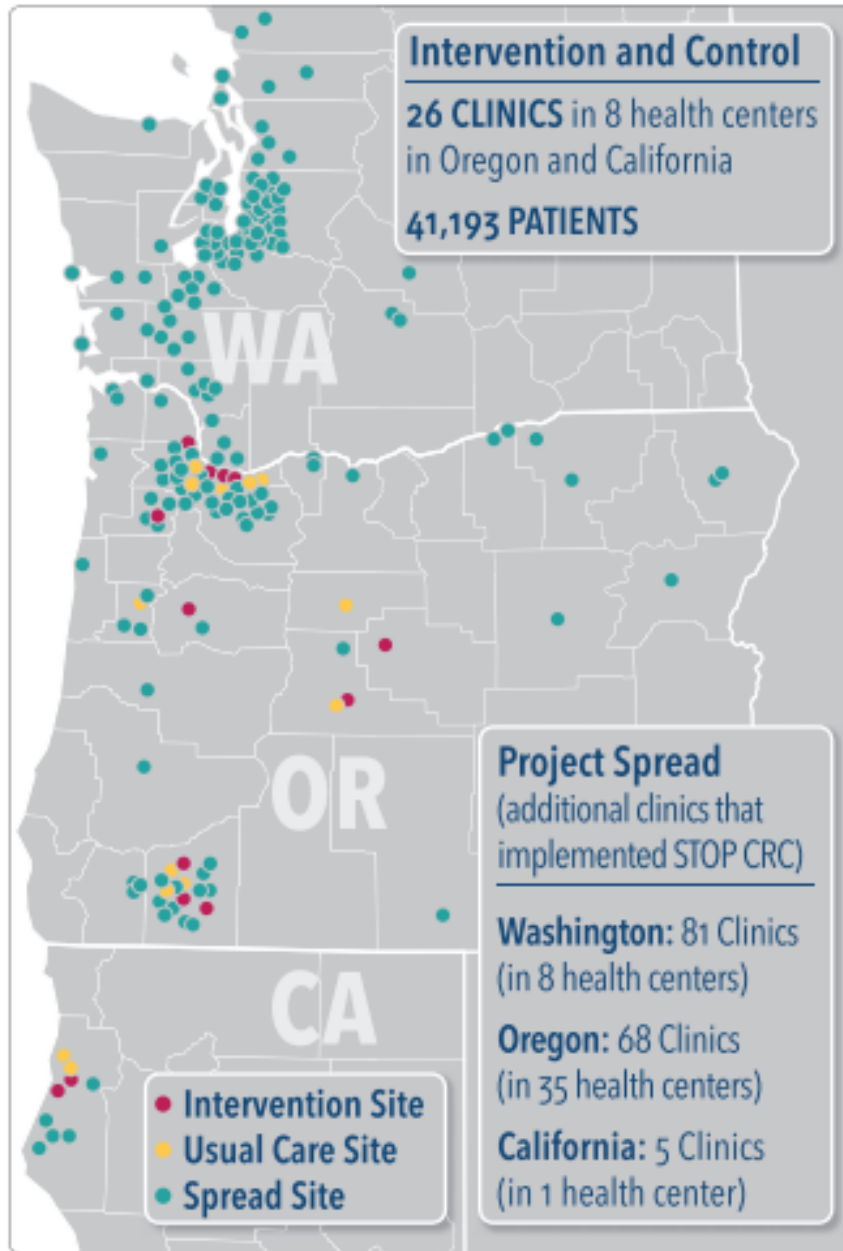
STOP CRC Pragmatic Study in Community Health Centers

Stakeholder Engagement

Patient Engagement

Organizational Engagement

– PROJECT LOCATIONS



Pragmatic Implementation Research determines the best approach for the population.



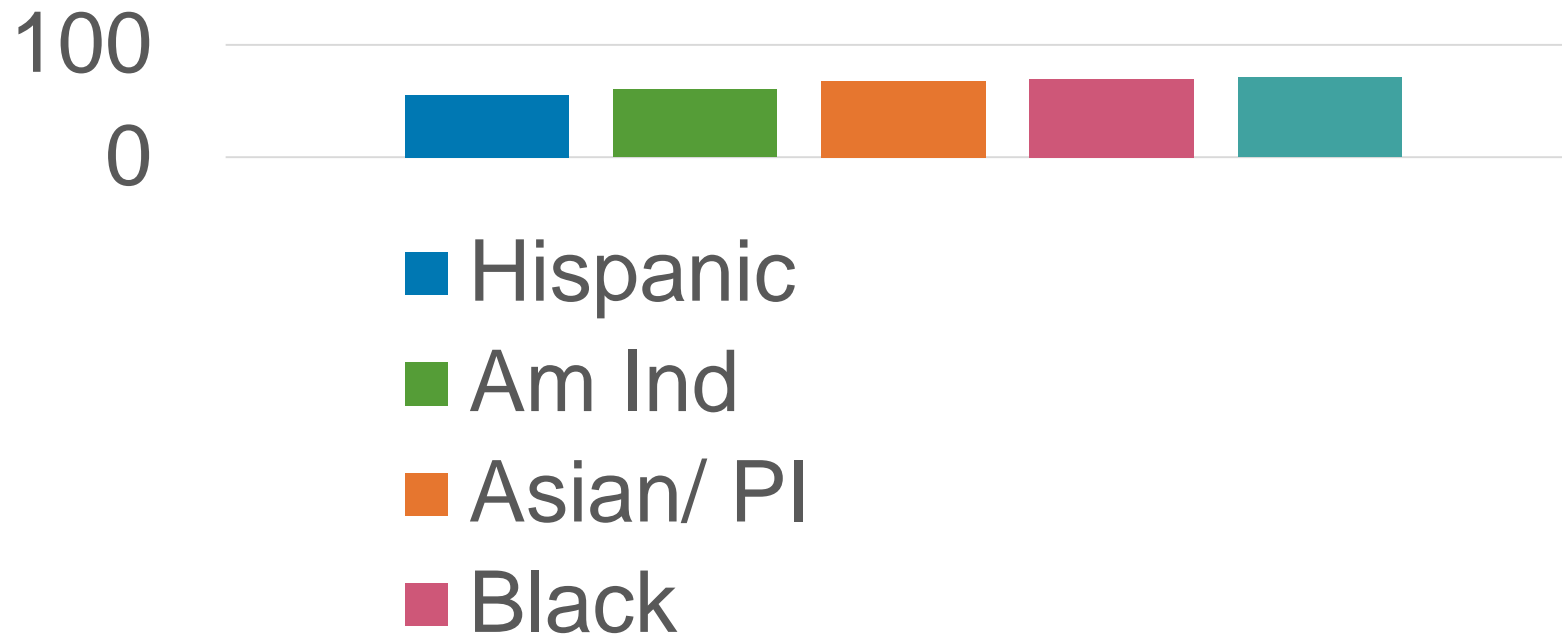
Stakeholder engagement supports pragmatic research



- Builds partnerships based on mutual respect
- Grounds the research in the contributions of community organizations, advocates, stakeholders
- Conducts research that gives policy-makers and implementers access to detailed data to guide the design and delivery of care/services
- Leverages local knowledge -- informed by advisory group
- Produce results that are meaningful
- Shares results that are tailored to population subgroups, in a non-technical way, without oversimplification

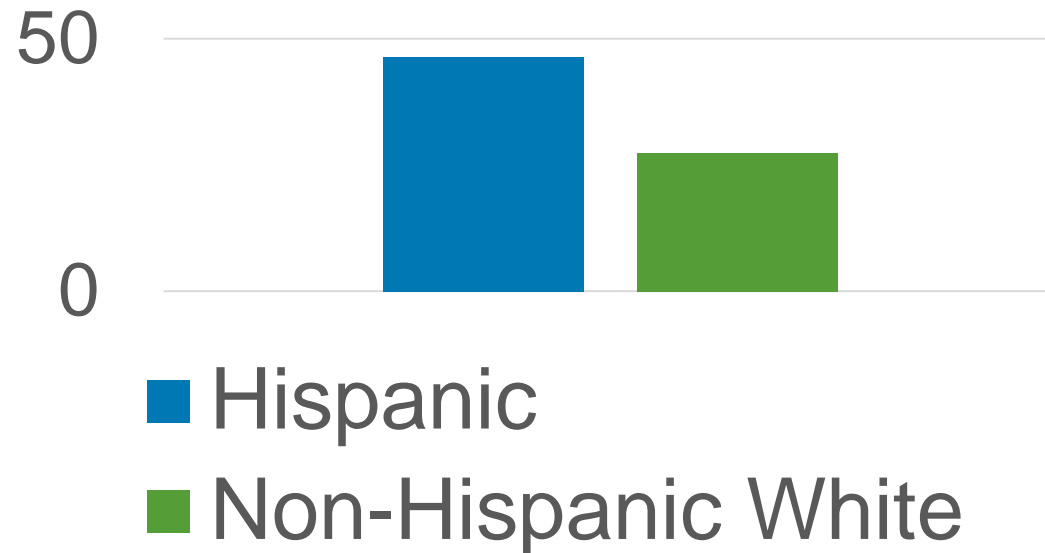
CRC Screening Disparities

Colorectal Cancer Screening



The STOP CRC pilot was more effective in the Hispanic population.

FIT Completion,
STOP CRC Pilot
Study



Stakeholder engagement is critical.



Virginia Garcia Memorial
HEALTH CENTER

Clinic	N Patients aged 50-74	% Hispanic aged 50-74	% aged 50-74 who obtained FIT or FOBT
#1	898	73	3.7
#2	1562	52	3.9
#3	1495	31	5.2
#4	1235	38	7.6



Stakeholder engagement leads to trust.



- Leadership Engagement

- Patient Council Engagement



Patient and clinical engagement creates sustainability.



Patient feedback improved patient facing materials.

Intended purpose

The InSure[®] ONE[™] test detects if there is any hidden blood in your stool. The presence of blood may be a sign of lower gastrointestinal disorders that should be treated. The sample is collected in the privacy of your home and the test is then developed at laboratories or medical professional offices. The InSure[®] ONE[™] test is for *in vitro* diagnostic use only.

IVD Medical Device

InSure[®] ONE[™] test complies with the IVD Medical Device Directive 98/79/EC and carries the CE mark.

Methodology

InSure[®] ONE[™] test is used to detect bleeding in the lower intestine. Colorectal diseases, such as polyps and colitis, leak small amounts of blood into the lower intestine. If there is hidden blood in your stool, it is then passed from the stool to the toilet bowl water. The InSure[®] ONE[™] kit contains everything required to collect two toilet bowl water samples from *one* stool to test if there is blood in the sample. The collection is simple, does not require handling of the stool and is completed in the privacy of your bathroom.

Composition

The test kit contains no reactive ingredients.

Kit contents

- Instructions for Use
- Test Card
- Brush Kit consisting of two brushes and two waste bags
- Return envelope
- Reply form with label

Storage and handling

The Test Card should be stored at room temperature. Protect from heat and direct sunlight. Use the kit prior to expiration date printed on the Test Card.

Limitation of the procedure

This test detects human blood in your stool. There are many gastrointestinal conditions that may cause blood in your stool. If you receive a "positive" test, more testing and evaluation by a physician is necessary.

This test does not replace your regular physical or rectal exam by your physician.

A "negative" test result means that no human blood was found in the sample. However colorectal lesions, including some polyps and colorectal cancers, may bleed intermittently, or not at all. Additionally, blood may not be uniformly distributed in or on the stool and a test result may be negative even when blood or a lower gastrointestinal disease is present.

Read all instructions before beginning your test.



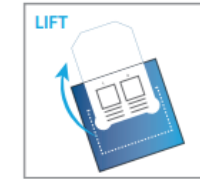
STEP 1

- Take these instructions, Brush Kit and Test Card into the bathroom.
- Flush the toilet **BEFORE** your bowel movement.



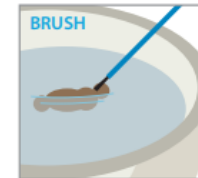
STEP 2

- After your bowel movement, **DO NOT PLACE USED TOILET PAPER IN THE TOILET BOWL**. Instead, use one of the blue waste bags provided.
- **DO NOT FLUSH** the toilet after your bowel movement.



STEP 3

- Lift the flap marked "LIFT HERE FOR SAMPLE" on the Test Card to uncover the small white squares marked "1" and "2."



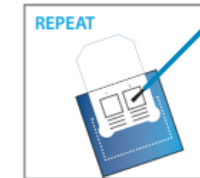
STEP 4

- Using one of the blue brushes, gently brush the surface of the stool for about 5 seconds.
- If the stool is loose, simply stir the water around the stool.
- Remove the brush from the water and gently shake it once to remove excess water and any clumps of stool.



STEP 5

- Transfer a sample of the **WATER ONLY** by gently dabbing the bristles of the brush onto the small white square labeled "1" on the Test Card for about 5 seconds (some staining of the square may occur).
- Discard used brush in one of the blue waste bags and throw away.



STEP 6

- Using the second blue brush, repeat step 4 and transfer a second **WATER** sample to the test card by gently dabbing the bristles of the brush onto the small white square labeled "2" for about 5 seconds.
- Discard used brush in the other blue waste bag and throw away in your trash.



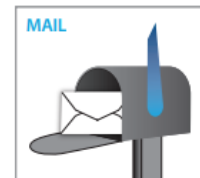
STEP 7

- Print your name, date of birth, and the date the sample was collected on the removable label.
- **REMEMBER TO INCLUDE DATE OF SAMPLE COLLECTION.**
- Peel off the label and use it to re-seal the flap.



STEP 8

- Complete the Reply Form.
- Place the Test Card and Reply Form in the postage-paid mailing envelope provided.
- If your medical professional or the laboratory provided you with a pre-printed test requisition form include the form also in the return envelope.



STEP 9

- Return to the indicated laboratory or medical professional office either by mail or personal delivery.
- Test Card must be returned to the indicated laboratory or medical professional as soon as possible and within 14 days of sample collection.
- The results will be provided by your medical professional.



Entex Inc., A Clinical Genomics Inc. Company
236 Ferwood Ave., Edison NJ 08837 USA
EC REP
mdi Europa GmbH
Langenhagener Straße 71
D-30855 Langenhagen
Germany



Preparing to collect samples

- Read all instructions before beginning your test.
- You do not have to avoid any foods or medications.
- Eating fruits and vegetables can increase test accuracy.
- Check the "Kit Contents" list to be sure you have all the components.
- If you have cleansers or bluing agents in your toilet bowl or tank, remove them and flush the toilet twice.

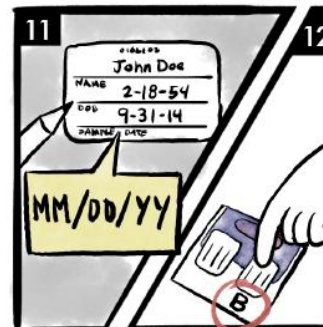
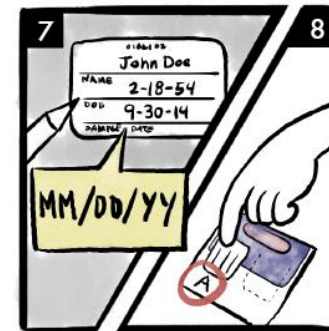
Warnings and precautions

Some conditions may cause a wrong result; you should not perform this test if:

- The Test Card has passed its expiration date.
- Collection Kit is damaged, dirty or appears to have been tampered with in any way.
- You have hemorrhoids that are bleeding.
- You have blood in your urine, or you see blood in the toilet bowl. In this case, contact your doctor.
- It is three days before, during or three days after your menstrual period.
- You have any bleeding cuts or wounds on your hands.
- Your toilet bowl water is saltwater or rusty.

Stellar Examples!

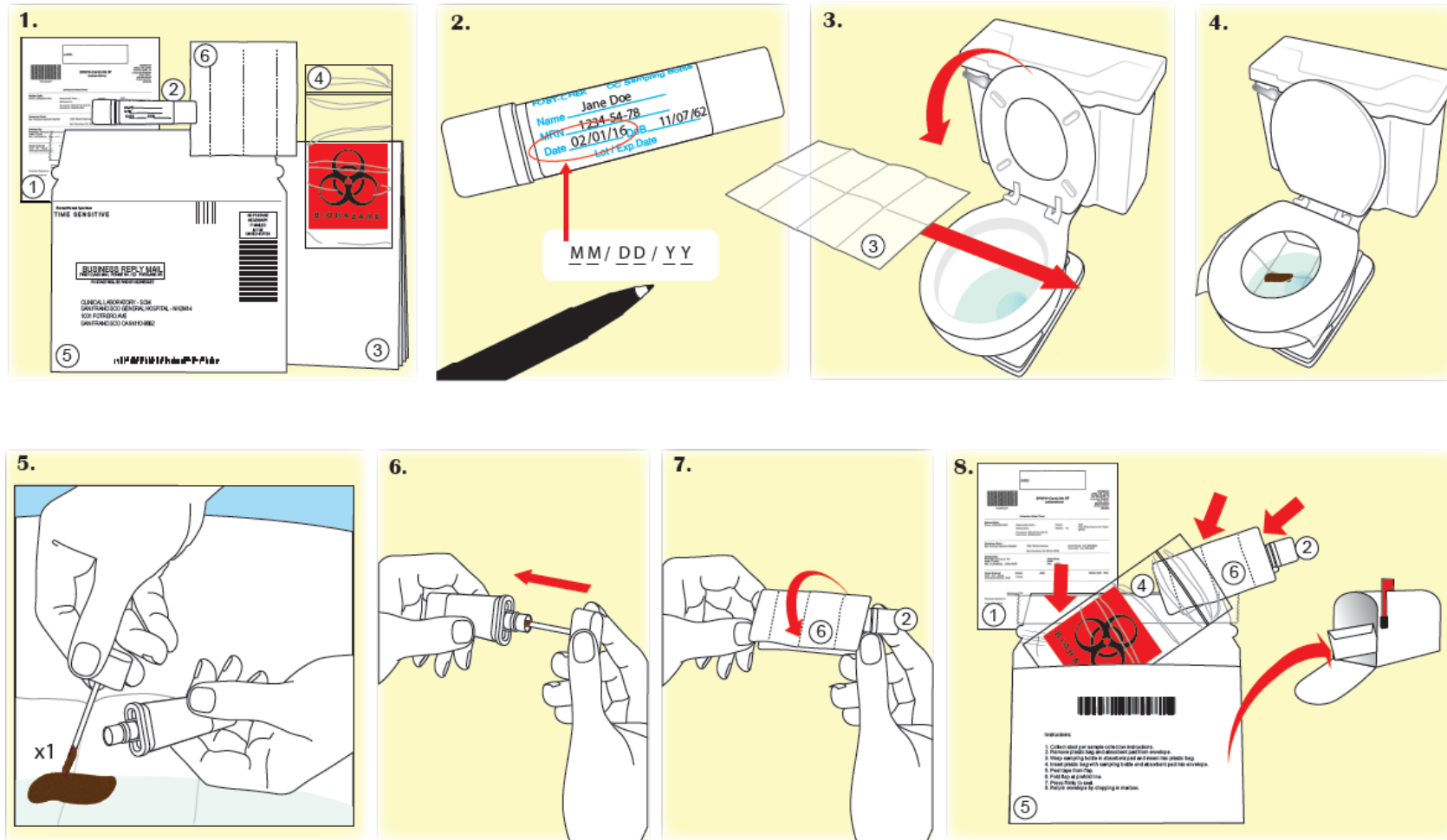
Stellar Examples!



Stellar Examples!



Stellar Examples!



Funding provided by the Centers for Disease Control and Prevention (Award Number U48 DP004998) and the Jacobsohn Fund for Excellence
Adapted with permission from: KAISER PERMANENTE CENTER FOR HEALTH RESEARCH

Stellar Examples!

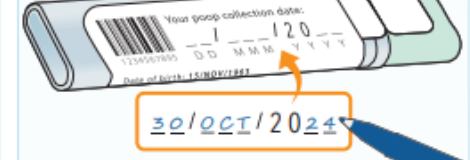
FIT Instructions



1. Check



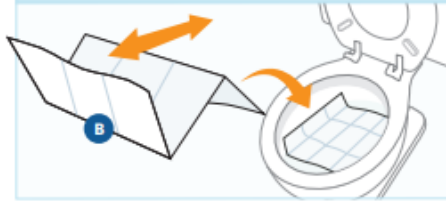
2. Write



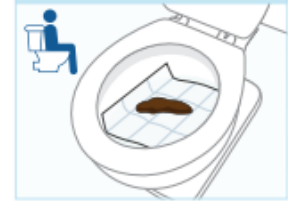
3. Pee and Flush



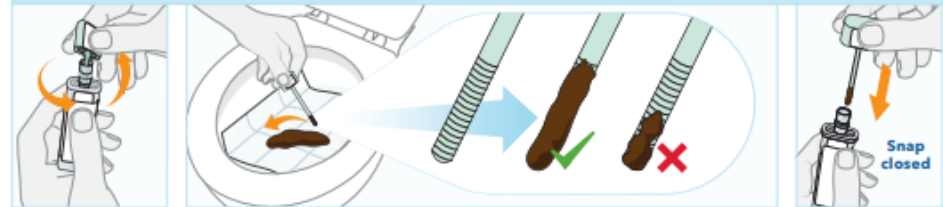
4. Prepare



5. Poop



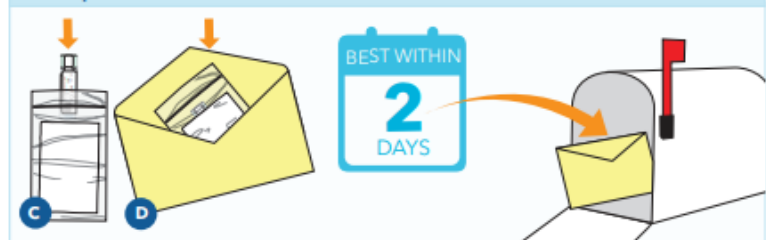
6. Collect



7. Flush



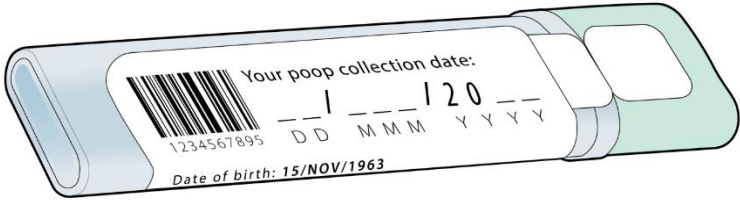
8. Drop off or Mail



Funding provided by the Ontario Ministry of Health and Long-Term Care
Adapted by Cancer Care Ontario with permission from: KAISER PERMANENTE CENTER FOR HEALTH RESEARCH
(NIH grant number: UH3 CA188640) and the UCSF Health Outcomes Policy & Economics (HOPE) Research Program

CHR 60660 03/09/2020

Adapt the project to address barriers.



OCHIN



Organizational Engagement Strategies

**ADVISORY
BOARD**

**PLAN-DO-
STUDY-ACT
CYCLES**

STOP CRC Advisory Board identified need for policy changes



- 14-member board comprised of
 - Health center leaders
 - Patient advocates
 - Legislators
 - Community organizations leader
- Meeting schedule
 - Annual full-day in-person meeting
 - Monthly, then quarterly meetings
- Advisory board continues to meet

Advisory board paved the way to policy changes

Incentives
metric for
coordinated
care

2013–2019

organization
– 2013 -
2019 (~90%
of Medicaid

Oregon
passed
legislation to
make a

2013

screening
colonoscopy
remain a
screening

Oregon
passed
legislation to
eliminate

2014

out-of-
pocket costs
for follow-up
colonoscopy

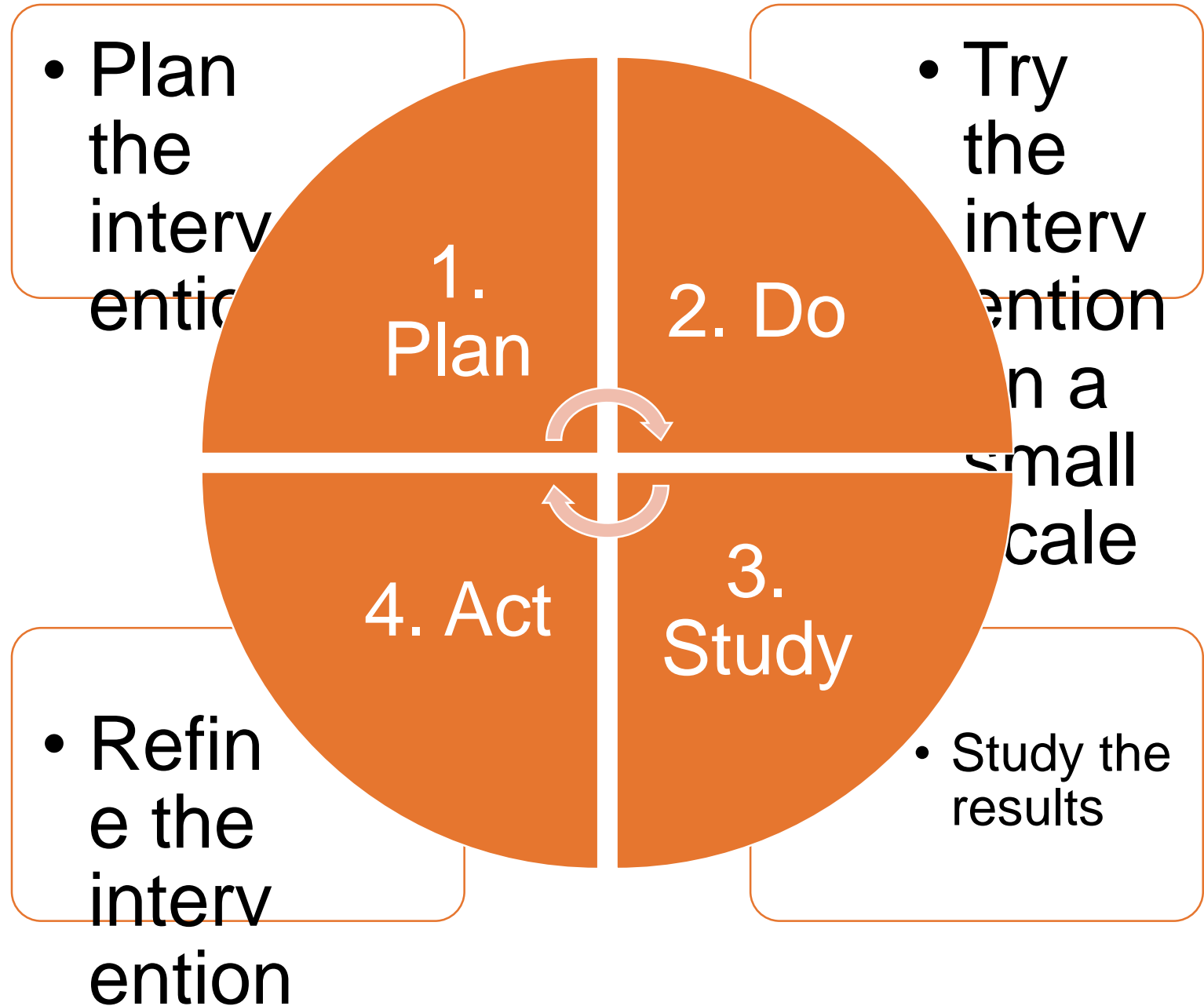
Child and Adult Core Set Stakeholder Workgroup: 2022 Annual Review Voting Meeting – Day 3, May 2021

Addition: Colorectal Cancer Screening

Description	Percentage of patients 50 to 75 years of age who had appropriate screening for colorectal cancer.
Measure steward	National Committee for Quality Assurance (NCQA)
NQF number (if endorsed)	0034
Measure type	Process
Recommended to replace current measure?	No
Data collection method	Administrative, hybrid, and HEDIS® Electronic Clinical Data Systems (ECDS). (Note: ECDS includes data from administrative claims, electronic health records, case management systems, and health information exchanges/clinical registries. NCQA has proposed transitioning this measure to ECDS only reporting starting in measurement year 2024 and is currently assessing public comment regarding this proposal.)
Denominator	Members 51 to 75 years of age as of December 31 of the measurement year.
Numerator	Members with one or more screenings for colorectal cancer. Any of the following meet criteria: <ul style="list-style-type: none"> • Fecal occult blood test (FOBT) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type. • Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year. • Colonoscopy during the measurement year or the nine years prior to the measurement year. • Computed tomography (CT) colonography during the measurement year or the four years prior to the measurement year. • Fecal immunochemical DNA (FIT-DNA) test during the measurement year or the two years prior to the measurement year.

APPROVED!

Plan–Do–
Study–Act
engaged
health
centers to
address
challenges

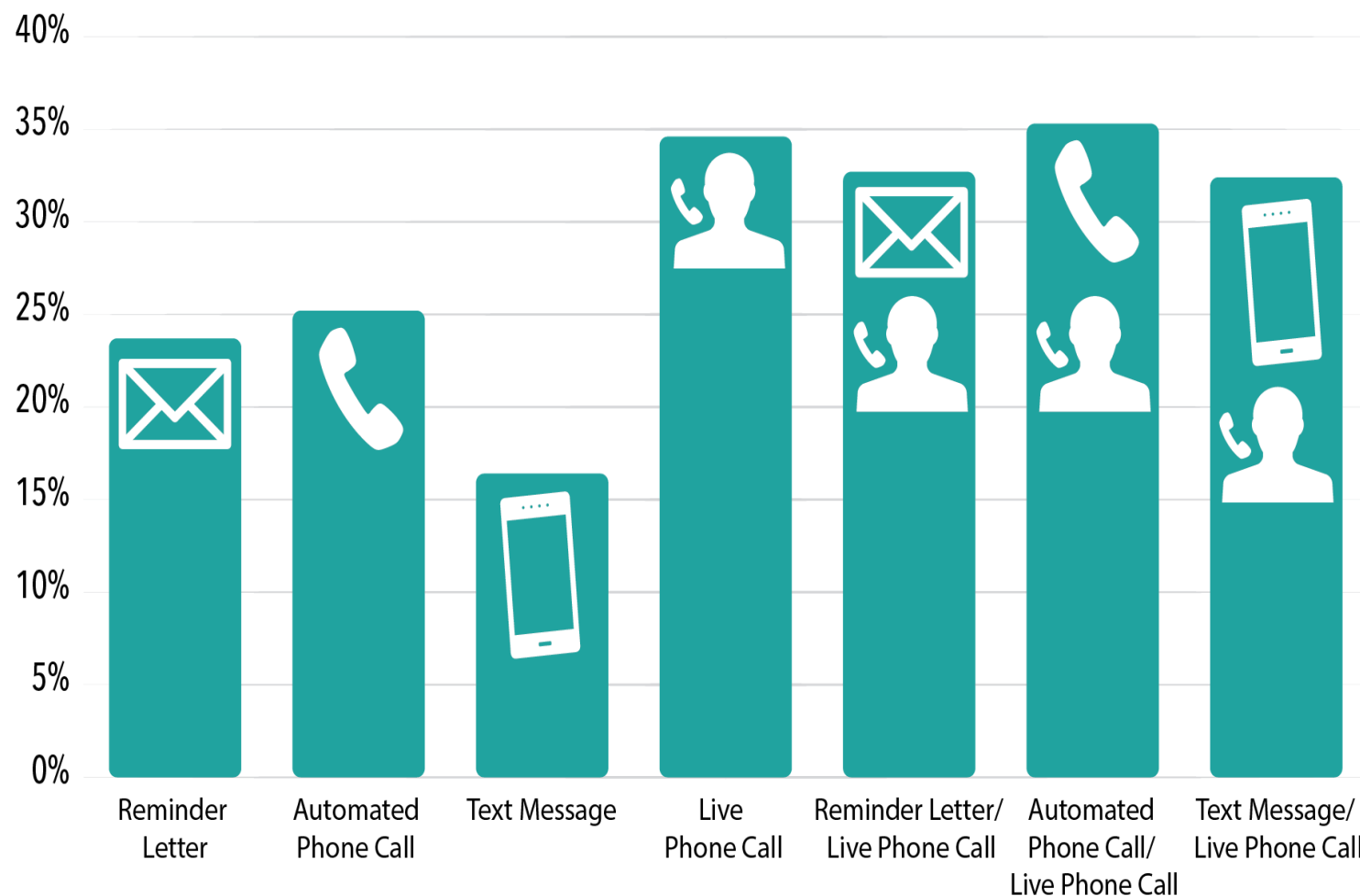


- Partnered with a Quality Improvement facilitator, leadership
- Shared teams of each health center (in PDSA plan (due within 1 month))
- PDSA results (due 3 – 6 months later)
- All sites presented findings at Advisory Board meeting

STOP CRC
approach
to using
PDSA
cycles

One health center used a PDSA to test FIT reminders

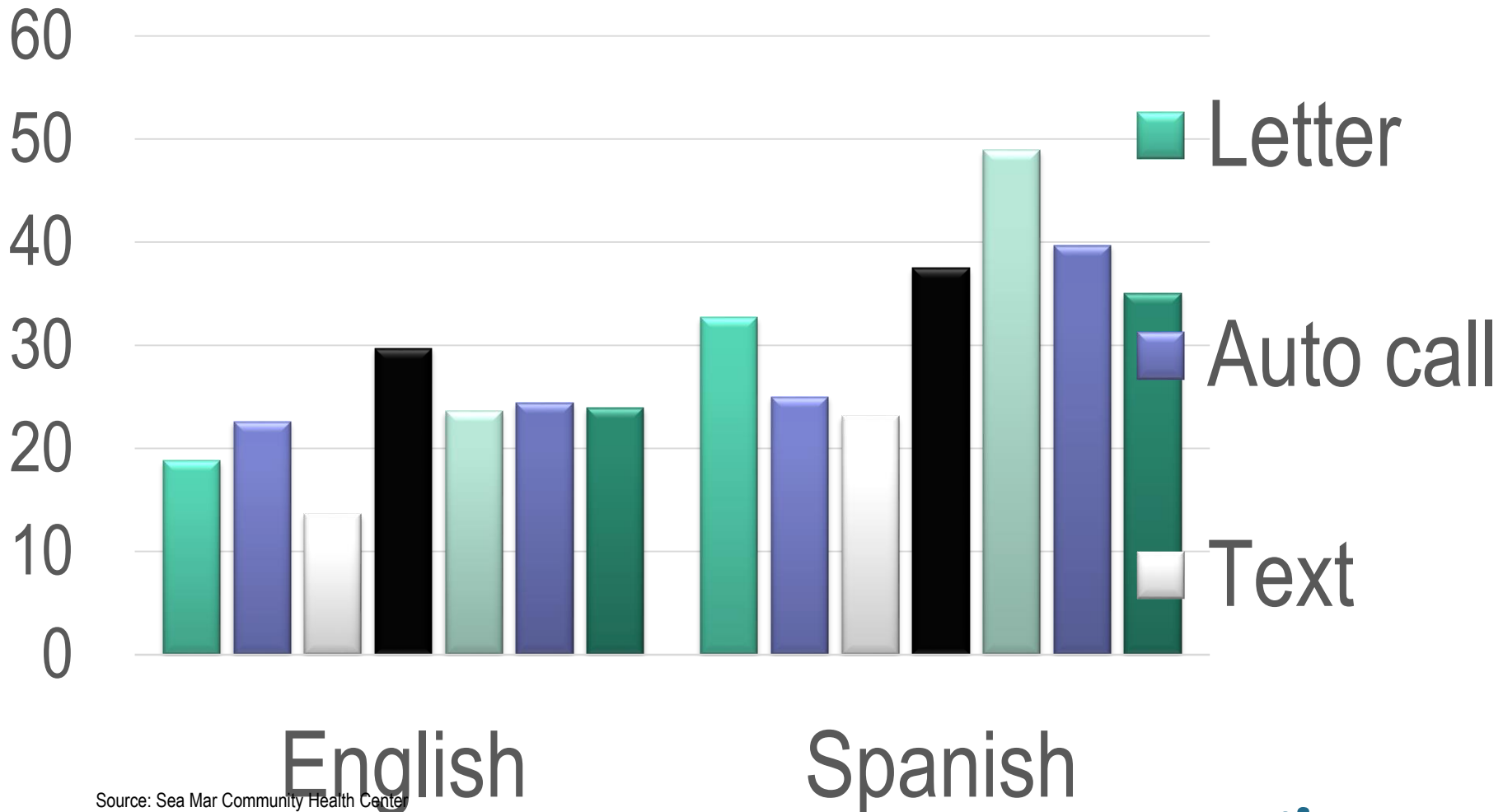
- 2,722 patients identified in 4 clinics and mailed a FIT kit;
- 2232 patients randomized to one of several reminders



Coronado et al. 2017

Success of reminders for a mailed FIT program

FIT return rates among patients who prefer Spanish versus English



Source: Sea Mar Community Health Center

Reactions to PDSA used in research

Providers and clinic staff had favorable reactions

“But the [PDSA] process itself, we kind of do that organically already without calling it a PDSA. So now it’s nice to have a form and a template that we can work by so that we can get feedback ... and come up with questions like ‘What about if we did this?’ or ‘Who’s going to do that?’ So it’s good to have that template to work from.”

— Quality Improvement Manager



Lessons learned

In STOP CRC, we selected our most diverse clinic for the pilot phase.

We refined our materials using clinic and patient feedback; these materials are being used by KP and dozens of other health systems.

We assembled an advisory board that addressed policy barriers, this provided data for national policy changes.

We guided health centers to conduct Plan-Do-Study-Act Cycles, this allowed us to understand implementation barriers.

Building partnerships take time; staff turnover is a key challenge.

Resources

www.MailedFIT.org

KAISER PERMANENTE
Center for Health Research

Home About Research News Contact

Research > Our People > Gloria D. Coronado > mailedfit

Mailed FIT - Resources to Optimize Colorectal Cancer Screening



We, at the Center for Health Research, and with our partners, are trying to understand how to most effectively raise colorectal cancer screening rates across the country, in a variety of settings, through a diverse set of research projects. Colorectal cancer is the second-leading cause of cancer deaths. Early detection saves lives, yet too few adults are screened regularly.

Screening rates are particularly low for certain groups of people. Working with FQHCs allows us to deliver our program to those who need it the most.

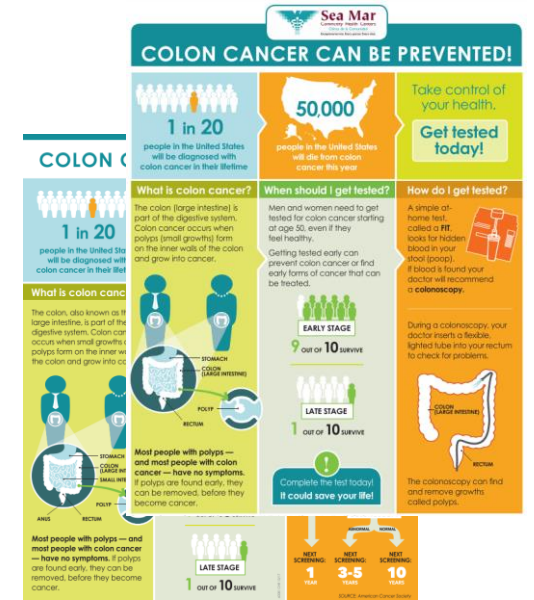
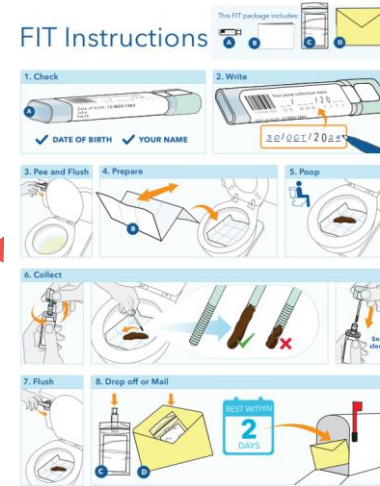
- Mailed FIT
- Why Do It?
- Research Projects
- Program Materials
- Mailed FIT News
- Workflows
- Implementation Guide
- Videos
- MailedFIT Publications

Contact

Gloria Coronado, PhD

✉ Gloria.D.Coronado@kpchr.org

Funding provided by the National Cancer Institute of the National Institutes of Health under Award Number R01CA218923.



How to complete the FIT

This video will show you how to complete the simplest at-home screening method called the FIT test.

Acknowledgements

- **Kaiser Permanente Center for Health Research, Portland, OR**
 - Gloria D. Coronado, PhD, PI
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 - Richard Meenan, PhD, Co-I
 - Jennifer Schneider, MA, Co-I
- **National Cancer Institute, Rockville MD**
 - Steve H. Taplin, MD, MPH
 - Russ Glasgow, PhD
 - Jerry Suls, PhD
 - Erica Breslau, PhD
- **Kaiser Permanente Washington, Research Institute, Seattle, WA**
 - Beverly B. Green, MD, MPH
- **OCHIN, Portland, OR**
 - Scott Fields, MD