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Hispanic Patient Preference in Colorectal Cancer Screening: Factors in Decision-Making

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Hispanic Patient Preference in Colorectal Cancer Screening: Factors in Decision-Making

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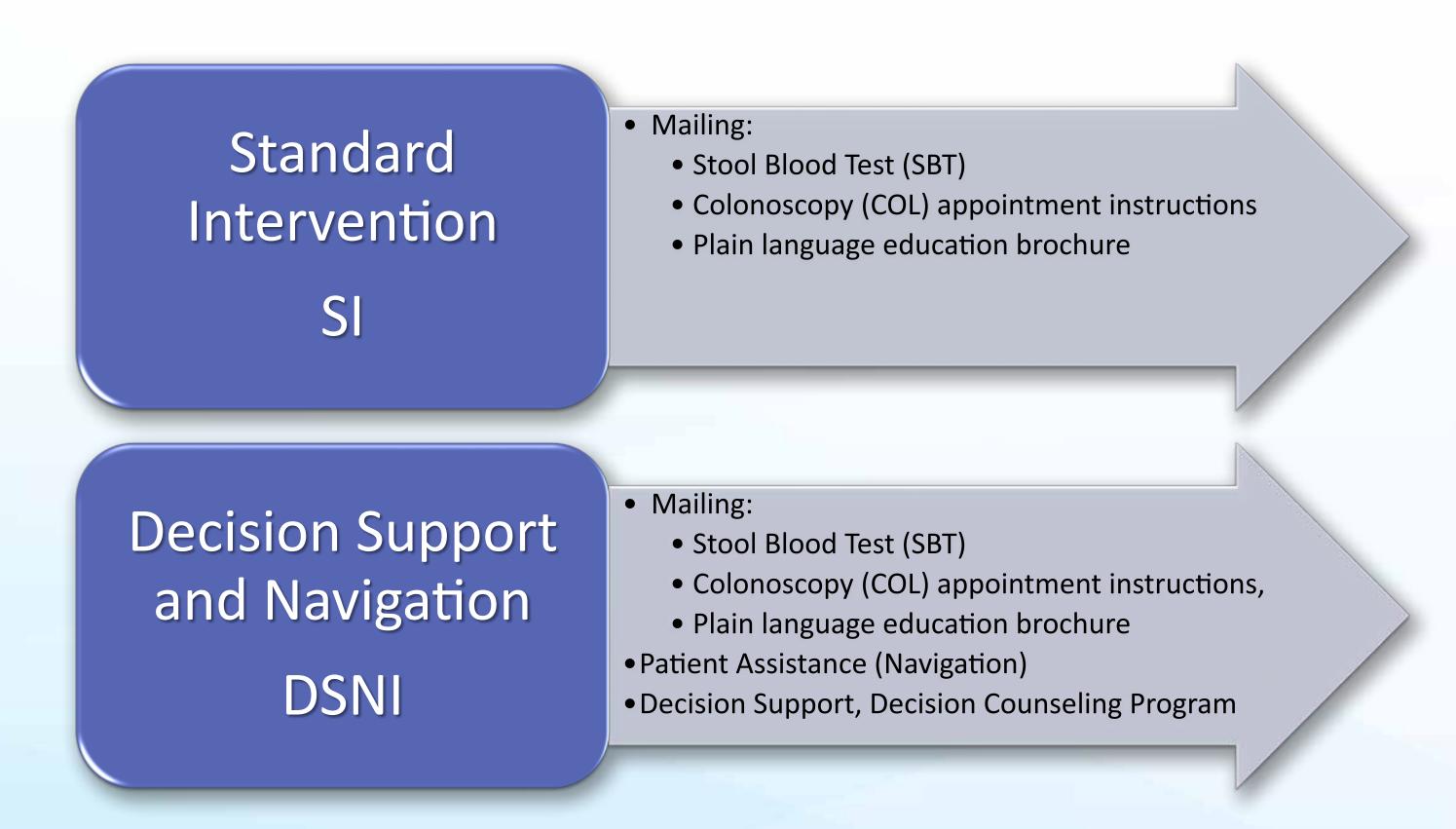
BACKGROUND:

- Colorectal cancer (CRC) screening rates are relatively low among Hispanic Americans as compared to non-Hispanic whites and African Americans.
- The disparities in CRC screening and mortality persist even when adjusting for education, income, and insurance status.
- Effective interventions are needed to raise CRC screening rates, reduce mortality, and increase survival in this growing segment of the population.

OBJECTIVE:

To compare the effectiveness of a multi-level **Decision Support and Navigation Intervention** (DSNI) to a single level mailed **Standard Intervention** (SI) in a randomized, controlled trial designed to increase CRC screening rates among Hispanic primary care patients.

METHODS:



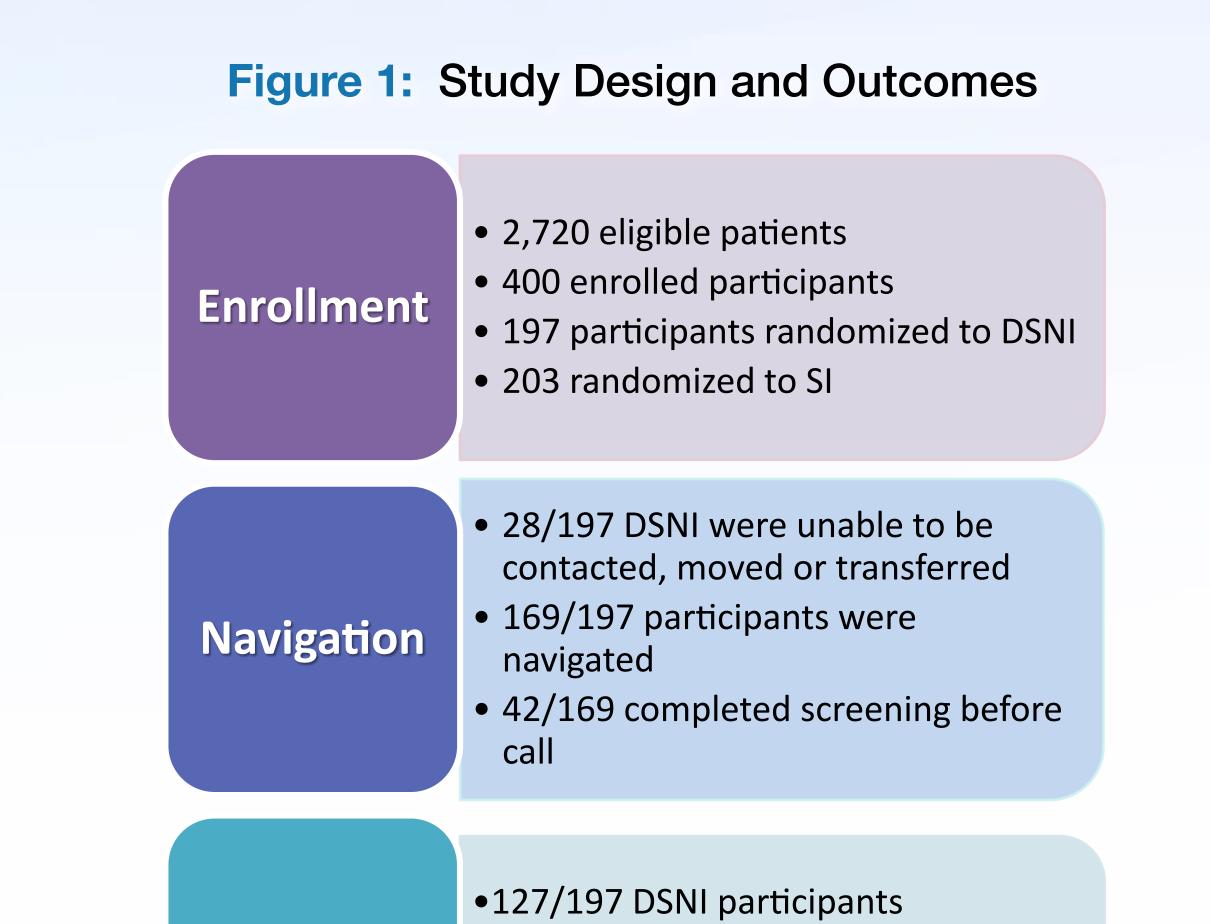
Navigation using an online Decision Counseling Program (DCP) to:

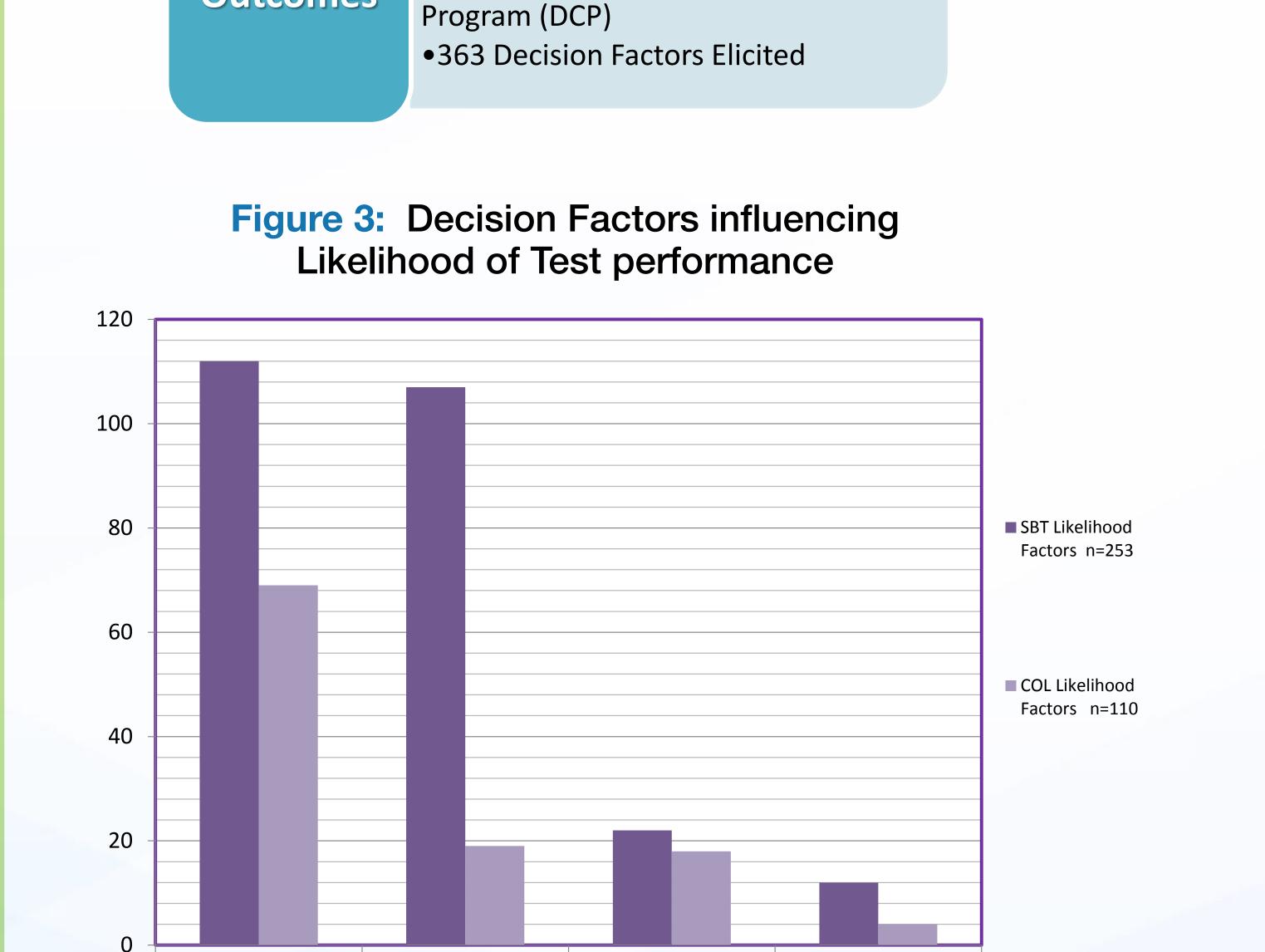
- identify barriers to and facilitators of preferred test
- develop a screening plan for DSNI

Identification of up to 3 factors that may affect the likelihood that participant will complete their preferred test. Factors were coded as:

- Belief in Importance/Value of Screening
- Perceptions about Test or Test Process
- Worries, Concerns, Fears
- Social Support and Influence

RESULTS





completed the Decision Counseling

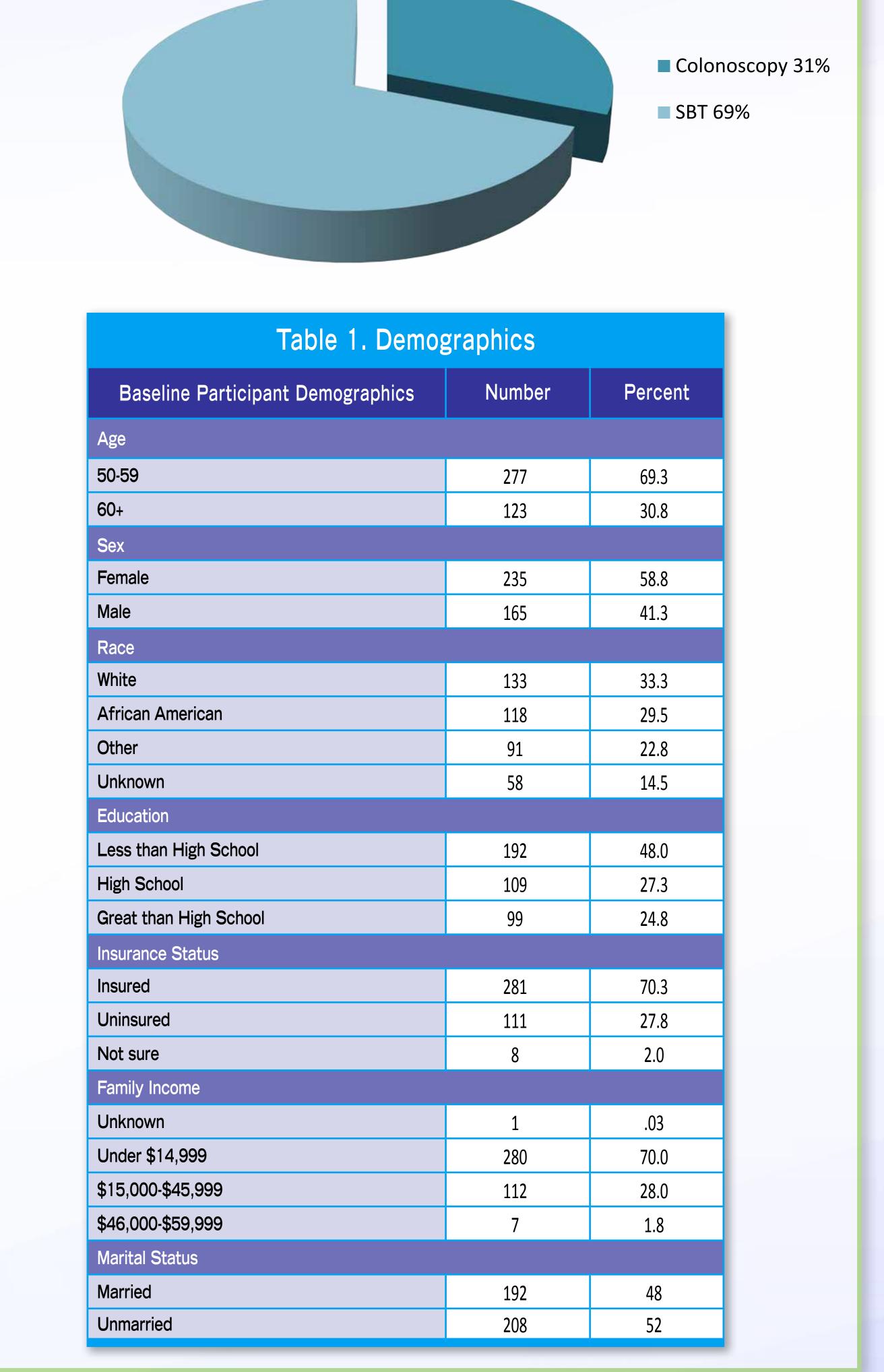


Figure 2: DCP Participant Test Preference

RESULTS:

Results For those participants completing the Decision Counseling Program (DCP):

The DSNI identified participant screening test preference (SBT or COL) and elicited factors that would affect likelihood of performing the preferred test. Of the 197 eligible DSNI participants, 127 (65%) participants completed the DCP.

In accordance with Analytic Hierarchy Processing theory, computation of likelihood scores include individual factor effect weights and comparative factor importance weights.

Scoring:

scores include individual factor effect weights and comparative factor importance weights.

0.546 — 1.000 Likely to Screen

0.455 – 0.545 Neutral

0.000 - 0.454 Not Likely to Screen

All 39 people identifying COL as their preferred test had a likelihood score >0.545, indicating that they were likely to screen.

All 88 people identifying SBT as their preferred test had a likelihood score >0.545, indicating that they were likely to screen.

The strength (or levels) of Likely to Screen (>0.545) are further broken down as:

A Little Likely 0.546 - 0.583 n=0 Somewhat Likely 0.584 - 0.616 n=3 Much Likely 0.617 - 0.643 n=22 Very Much Likely 0.644 - 0.666 n=25 Overwhelming Likely 0.667 - 1.000 n=77

CONCLUSION:

All participants who completed the DSNI were scored as likely to complete their screening test, regardless of test preference.

Of the 253 factors elicited from those participants preferring SBT, 112 factors referenced the importance/value of screening, while 107 factors referenced cost and convenience as influencing factors. Those favoring COL reported 110 factors, of which 69 factors referenced the importance value of testing.

Further analysis is needed to determine whether strength of likelihood scores can predict actual screening completion.

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Outcomes

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