ACCESS

Hiam Hamade, BSN, MA, MPH, PTA; hhamade@accesscommunity.org (2-Posters)

1. Knowledge Assessment and Screening for Breast Cancer in an Arab American Community in Dearborn, Michigan

Breast cancer is the most common malignancy afflicting women, with an estimated 1 in 8 U.S. women diagnosed during their lifetime. Screening for breast cancer has been shown to reduce mortality through early cancer detection. Lack of knowledge has been one of the main barriers leading to low screening rates. Given that the Arab American population has grown approximately 47% since 2000, this study was designed to assess breast cancer knowledge and screening barriers in one of the largest Arab American communities, in Dearborn, MI. METHODS: Following (Exempt) determination by the Institutional Review Board (Michigan) a survey was distributed through ACCESS, Arab Community Center for Economic and Social Services, in Dearborn, MI. The survey covered a knowledge assessment, risk factors and screening barriers for breast cancer. RESULTS: 200 Arab American adults participated in the study: 102 healthy women, 48 women who were breast cancer survivors and 50 healthy men. Deficiencies were noted in knowledge around cancer presentation and racial and ethnic differences in relative risk of disease. 73% of healthy women had a high level of knowledge, compared to 56% in survivors and 48% in men. Additionally, we noted that 51% of healthy women controls over the age of 40 have not had a screening mammogram in the past 2 years with leading causes being: absence of symptoms, lack of health insurance and absence of family history. CONCLUSION: With the growing presence of Arab heritage in American communities, it is important that local physicians are aware in their medical knowledge gap to better serve this population. This survey highlights some of these deficiencies especially lack of adequate health education to patients and their families while they are undergoing treatment for breast cancer.

2. Colon Cancer in Arab American Knowledge Levels & Screening Services

We identified significant knowledge deficiencies in multiple domains including general knowledge on what CRC is and CRC screening knowledge. 20% of participants showed high general knowledge of CRC, compared to 39% for risk factor knowledge and 21% for screening knowledge. Additionally, our results highlight deficiencies in patient-physician interactions and discussions around CRC. Lastly, we identified barriers to CRC screening with leading barriers being lack of health insurance at 78%, lack of problems with stool at 47%, screening costs at 34%, lack of family history at 31%, and lack of advice by physician at 25%. Conclusion: Being more aware of specific areas of knowledge deficiencies, we hope this study would allow physicians to provide better education regarding colorectal cancer risk factors and screening guidelines. It is important to address the resources used by community members as they obtain CRC knowledge and understanding. Additionally, knowing the main barriers to screening for CRC in this community, we hope to overcome such barriers through encouraging healthcare providers and community organizations to address these specific barriers to further increase screening rates and ultimately the health status for Arab Americans.

Henry Ford Health System

Amanda Holm, MPH; aholm1@hfhs.org

- **Tobacco Cessation Treatment in Patients Referred for Lung Cancer Screening, November 2015 – June 2017**

The US Preventive Services Task Force (USPSTF) recommends lung cancer screening by low-dose computed tomography (LDCT) for individuals ages 55-80 with ≥ 30 pack-year smoking history. The Centers for Medicare & Medicaid Services (CMS) require providers to discuss the importance of quitting with current smokers referred for screening. We evaluated the frequency of documented tobacco cessation recommendations via medication prescription or referral to Henry Ford Health System’s (HFHS) Tobacco Treatment Service (TTS). Between November 1, 2015 and June 30, 2017, 2,391 baseline LDCT orders were placed throughout HFHS. Of those patients, 1,327 (55.5%) were current smokers at the time of LDCT order. Of current smokers, 382 (28.8%) received either an outpatient cessation medication prescription or a TTS referral within 6 months before or after their baseline LDCT screening order. Non-Hispanic/Latino (NH) black patients who were current smokers (n=372) were more likely to receive any cessation treatment than NH white patients (n=754) (35.2% and 25.9%, respectively; p=0.0014). NH black patients were more likely to receive a prescription (28.8% and 21.9%, respectively; p=0.014) or TTS referral (16.7% and 8.2%, respectively; p=0.000032). For patients prescribed medications, NH black patients were more likely to be prescribed NRT than NH white patients (84.1% and 64.2%, respectively; p=0.0006) and were (non-significantly) less likely to receive varenicline (27.1% and 38.8%, respectively; p=0.06). These findings may reflect differences in out-of-pocket cost of medications, patient preferences, or possibly unconscious bias in prescribing; further research is warranted.
InheRET, Inc.
Amanda Cook, BA; acook@inheret.com

- **InheRET™, empowering individuals to accurately identify their risk for hereditary conditions.**

InheRET™, Inherited Risk Evaluation Tool, is an online has been developed to help physicians and other healthcare providers to identify their patients who may be at increased risk for hereditary cancer so they can begin to take the steps necessary to reduce their cancer risk. InheRET’s unique features reduces clinical ascertainment barriers by gathering a patient provided family history, produces a report based on patient and family history that streamlines workflows and enhances patient outcomes and cost effectiveness within health systems.

Karmanos Cancer Institute
Knoll Larkin, MPH; larkin@karmanos.org

- **Using the Michigan Cancer HealthLink Model to Increase Cancer Survivor/Caregiver Engagement in Cancer Research**

The Michigan Cancer HealthLink program developed by Karmanos Cancer Institute (KCI) and Wayne State University is a region-wide coalition to identify and address cancer-related needs in the metropolitan Detroit area. Michigan Cancer HealthLink brings together community members, community organizations, and cancer researchers to develop research priorities and educational programs to meet specific needs within their communities. The project’s aims are: Aim 1: Increase capacity among community stakeholders - i.e., cancer survivors, caregivers, advocates, and non-research organizations serving these individuals - to engage as partners of PCOR in metro Detroit; Aim 2: Build trusting, collaborative, and mutually beneficial relationships between community stakeholders and cancer researchers; Aim 3: Identify cancer-specific PCOR priorities based on community stakeholder input. The model represents an approach to community organizing with the goal of improving cancer care and outcomes. At the center of Detroit HealthLink are Cancer Action Councils (CACs), groups of community members (cancer survivors, cancer caregivers, and cancer advocates) and leaders who use their local expertise and knowledge to help improve the lives of cancer patients, survivors, and caregivers by identifying cancer research priorities to address gaps within their communities. CACs participated in a process of evidence prioritization in which they identified and prioritized research topics and developed research questions through concept mapping. The 3 CACs identified 17 key research areas. Across the most highly prioritized areas, these CACs developed a total of 81 specific research questions relevant to cancer care and outcomes in their communities. The poster will present on the cancer research agenda they developed.

Michigan Cancer Consortium
Courtney Cole, MPH; Cancer Primary Prevention Consultant; colec13@michigan.gov

- **MCC 20 Year Celebration Infographic**

This display will highlight the priorities, accomplishments, achievements and next steps for the Michigan Cancer Consortium.

Michigan Department of Environmental Quality
Aaron Berndt, Michigan Indoor Radon Program Specialist; radon@michigan.gov

- **Percentage of Elevated Radon Test Results by County**

Radon is a naturally occurring radioactive gas and is the second leading cause of lung cancer in the United States. According to the Environmental Protection Agency (EPA), on average, radon accounts for 37 percent of a person’s annual radiation dose including all medical and environmental sources. EPA recommends fixing the home if the radon level is at or above 4 pCi/L. This poster shows the percentage of elevated radon test result data by county. Homeowner test result data was collected from Air Chek Inc. (www.radon.com). It represents over 200,000 test results, which were conducted from November 1993 to March 2018. The map is not intended to determine if a home should be tested but to reinforce the fact that all homes should be tested for radon.

Michigan Department of Health and Human Services
Audra Putt, MPH, CPH; putta@michigan.gov

- **Financial Navigation for People Undergoing Cancer Treatment: A White Paper Report**

The impact of cancer goes far beyond its physical effects. Many cancer patients endure significant financial and personal hardships because of the high costs associated with cancer treatment. High cost-sharing requirements, especially for those who are uninsured or underinsured, as well as reduced income during and after treatment, can lead many to experience financial distress or toxicity—defined as the adverse impact on a patient’s well-being due to out-of-pocket healthcare costs related to cancer treatment. Following a presentation at the 2016 MCC Annual meeting on financial toxicity and navigation, the Michigan Department of Health and Human
Services and members of the MCC Survivorship Workgroup formed a Financial Navigation Subcommittee to further research the development, implementation, and need of financial navigation programs. This subcommittee, which also included hospital administrators and financial navigators, collaborated with Public Sector Consultants to develop a white paper report on the purpose and benefits of comprehensive financial navigation programs. This poster describes the findings of the report, which includes information on cancer prevalence and treatment costs, the effects of financial toxicity, current approaches to financial counseling, and comprehensive financial navigation as a promising practice that can provide benefits to patients and health systems.

**Michigan Department of Health and Human Services**
Taylor Olsabeck, MS; seatont1@michigan.gov

- Utilizing Surveillance Data to Identify the Needs of Cancer Survivors

**Introduction:** As cancer prevention and treatment advances, cancer survival rates continue to increase. This growing population of cancer survivors have unique needs that must be addressed to improve quality of life throughout the cancer-care continuum.

**Methods:** Using data compiled from the 2016 Michigan Behavioral Risk Factor Survey (MiBRFS), the Michigan cancer survivor population were described and areas of need amongst cancer survivors were identified. Results: From the 2016 MiBRFS, 12.8% of respondents identified as a cancer survivor. The proportion of non-Hispanic Blacks who are cancer survivors was significantly lower (6.5%) compared to the proportion of non-Hispanic Whites who are cancer survivors (11.8%). The majority of cancer survivors (69.1%) report having two or more comorbidities. Only 51.9% of cancer survivors reported they received instructions on what to do for routine care after cancer treatment and only 45.5% received a written summary of their cancer treatment. The percent of respondents aged 40-49 who reported being in physical pain due to cancer treatment (24.1%) was significantly higher compared to respondents aged 50-59 (13.8%), aged 60-69 (9.3%), and aged 70 or older (5.5%).

**Conclusions:** As the cancer survival rate increases, providers and public health workers must implement and promote services that provide care to patients from diagnosis to post-treatment. Ensuring survivors are receiving information on healthcare post cancer treatment and managing pain after treatment are areas that need to be addressed in order to improve cancer survivor’s quality of life.

**National Kidney Foundation of Michigan**
Samantha Raad, LLMSW; sraad@nkfm.org

- Improving the Quality of Life for Cancer Survivors and Caregivers

**The overall purpose of this project was to increase the number of cancer survivors living in under-served areas of Wayne county that participate in Evidence-Based Programs (EBPs). In addition to this, the project team aimed to further encourage self-help behaviors among smokers by creating referrals to the Michigan Quitline through Healthy Hair and Dodge the Punch Programming as well as at Federally Qualified Health Centers.**

**University of Detroit Mercy School of Dentistry**
Jill Loewen, RDA, MS; loewenjm@udmercy.edu

- Highlights of the Memorial Sloan Kettering Cancer Center’s “Assessment & Treatment of Tobacco Dependence in Cancer Care” Training Program

**Overview:** It is well established that smoking is the leading cause of many types of cancer. This training will prepare learners to provide safe and effective evidence-based treatment for tobacco dependence for the cancer patients/survivors and their family members.

**Objectives:**
1. Prepare learners to assess tobacco use and provide safe and effective evidenced-based interventions for tobacco dependence for the cancer patients/survivors and their family members
2. Integrate evidence-based tobacco treatment into routine cancer care. The presenter attended a 2-day innovative skills-based program supported through a grant from the National Cancer Institute, comprised of lectures, simulated role-plays and interactive audience participation encouraging the intellectual exchange of ideas between faculty and participants. Topics included electronic cigarettes, NCCN Clinical Practice Guidelines, conducting a smoking and quitting history assessment, MSKCC cessation medication algorithms, ASCO tobacco cessation guide for oncology providers, ASCO stopping tobacco use after cancer diagnosis, tobacco treatment resources, ASCO-QOPI tobacco metrics, and organizational checklist to assess organizational readiness and tobacco use treatment goal setting. Highlights of that training will be presented within the poster.