Health Equity Community Projects

*Medical Mistrust in Relation to Colorectal Cancer Screening*

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American Cancer Society
Agenda

Community Projects Overview

Project ECHO learning Collaborative

Community Project Partner - Ohio

Questions
Health Equity Community Projects Overview

Health Equity Community Project Goal: Use knowledge-sharing Project ECHO Model to:

- Support a total of 11 community project sites to participate in a learning collaborative cohort aimed at **addressing medical mistrust related to colorectal cancer screening and follow-up**.
- **Explore, identify, and implement community-driven solutions** to support Federally Qualified Health Centers (FQHCs) in collaboration with their Patient Advisory Councils/Governing Boards/QI Committees and a Community-Based Organization of their choosing

Two cohorts:
- **6 projects (Cohort 1)** launched March 31, 2022
- **5 projects (Cohort 2)** launched September 1, 2022.

18-month period ($50k/project to grantees through RWJF)
Health Equity Community Project Sites (Cohort 1)

Philadelphia, PA
- Delaware Valley Community Health
- Self Help Movement, Inc.

Mountain Home, ID
- Desert Sage Health Center
- Mountain Home Parks & Rec

Whitehall, OH
- Heart of Ohio Family Health Centers
- The African American Male Wellness Agency

Avondale, LA
- InclusivCare Inc.
- Litton Zion Missionary Baptist Church

Clearwater, FL
- Evara Community Health Center of Pinellas
- Cross and Anvil Human Services

Bakersfield, CA
- Clinica Sierra Vista
- SROA
Health Equity Community Project Sites (Cohort 2)

Asbury Park, NJ
- Visiting Nurse Association of Central New Jersey
- Community Health Center
- Visiting Nurse Association Health Group

Dayton, OH
- Community Health Centers of Greater Dayton
- West Care Ohio Inc. dba East End Community Services

Atlanta, GA
- Southside Medical Center
- Urban Connected Atlanta/Bible Way Ministries International

Stone Mountain, GA
- MedCura Health Inc.
- New Life Community Ministries, Inc.

Fremont, CA
- Bay Area Community Health
- Vietnamese American Roundtable
Community Projects Objectives

1. **Address medical mistrust** with patients and community members

2. **Elevate patient’s perspectives and experiences** using Patient Advisory Councils/Governing Boards

3. **Use data** to inform all aspects of the project

4. **Create a comprehensive action plan** – led by a team comprised of FQHC and its Patient Advisory Council/Governing Board, Community-Based Organization, and ACS Cancer Control team member – that implements community-based driven solutions and executes sustainable and meaningful process improvements

5. **Strengthen partnerships** between all sectors and leverage their leadership support to influence practice and policy changes aimed to address medical mistrust in relation to colorectal cancer screening
Project Echo 101

• ECHOs are **hub-and-spoke knowledge sharing networks** conducted virtually

• **Hubs** include a facilitator and expert faculty who are best-practices and contribute to learning through case-based and didactic learning

• **Spokes** learn from each other and experts from across the world

• ECHOs allow ACS to serve as **conveners** for best practice sharing across health systems, institutions, and other silos.
Health Equity Community Projects ECHO Model

ECHO Participants (SPOKES)
- Acquire new knowledge
- Gain confidence
- Join a network

People Reached
- Elevate patient perspectives
- Strengthen relationship and trust
- Address medical mistrust in relation to CRC
- Increase access to resources

FACULTY
- Phase 1 Faculty (Understanding Medical Mistrust)
- Phase 2 Faculty (Patient Engagement)
- Phase 3 Faculty (Implementing Interventions)

Subject Matter Experts (FACULTY)
- Share knowledge
- Work with other Subject Matter Experts
- Facilitate a network

Knowledge Exchange

Learning Loop

CBO Co-Lead
Health System Co-Lead
PAC Co-Lead

CBO Co-Lead
Health System Co-Lead
PAC Co-Lead

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Health System Co-Lead
PAC Co-Lead

CBO Co-Lead
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Health System Co-Lead
PAC Co-Lead
Community Project ECHO Learning Collaborative

Purpose

• To share relevant health equity, medical mistrust, and colorectal cancer screening information with grantees to enhance their community projects

• To provide grantees with an opportunity to build their networks within their cohorts and participating expert faculty

• To offer an opportunity for grantees to share project-related challenges or questions; seek feedback from expert faculty and cohort colleagues
# Project ECHO Health Equity Curriculum

<table>
<thead>
<tr>
<th>Session Number</th>
<th>Didactic Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Session 1</td>
<td>Understanding and Addressing Medical Mistrust: Introduction to the Group Based Medical Mistrust Scale</td>
</tr>
<tr>
<td>Session 2</td>
<td>Understanding Medical Mistrust Through the Colorectal Cancer Screening Lens</td>
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<tr>
<td>Session 3</td>
<td>Measuring Mistrust using the Group Based Medical Mistrust Scale: Best Practices from a Community</td>
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<tr>
<td>Session 4</td>
<td>Patient Engagement Series: Fundamentals of Elevating Patient Voices Through the Use of Patient Advisory Councils and Governing Boards</td>
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<tr>
<td>Session 5</td>
<td>Patient Engagement Series: Using Patient Voices to Improve Policies and Practices to Address Medical Mistrust in Relation to Colorectal Cancer Screening</td>
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<tr>
<td>Session 6</td>
<td>Patient Engagement Series: Strategies for Sustaining a Highly Effective Patient Advisory Council and Governing Board</td>
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<tr>
<td>Session 7</td>
<td>Effective Strategies for Addressing Medical Mistrust: Support from Healthcare Providers</td>
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<tr>
<td>Session 8</td>
<td>Effective Strategies for Addressing Medical Mistrust: Patients Perspectives of Discrimination and Group Based Disparities</td>
</tr>
<tr>
<td>Session 9</td>
<td>Effective Strategies for Addression Medical Mistrust: Patients Suspicion of Healthcare Providers</td>
</tr>
</tbody>
</table>
**Group Based Medical Mistrust Scale Survey Overview:**

- 12-likert scale containing subscales:
  - Suspicion,
  - Discrimination
  - Lack of Support
- Project sites defined catchment area (zip codes)
- Team completed a 3-hour Human Subjects Research Training Certification Course
- Surveyed a minimum of 75 people
- Participants received a $25 incentive

**Instructions:** Below is a list of statements dealing with your general feelings about the healthcare system. Read each item carefully and circle whether you strongly agree, agree, feel neutral, disagree, or strongly disagree with each statement.

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Doctors and healthcare workers sometimes hide information from patients who belong to my racial/ethnic group.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. Doctors have the best interests of people of my racial/ethnic group in mind.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. People of my racial/ethnic group should not confide in doctors and healthcare workers because it will be used against them.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. People of my racial/ethnic group should be suspicious of information from doctors and healthcare workers.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. People of my racial/ethnic group cannot trust doctors and healthcare workers.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. People of my racial/ethnic group should be suspicious of modern medicine.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. Doctors and healthcare workers treat people of my racial/ethnic group like &quot;guinea pigs&quot;.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. People of my racial/ethnic group receive the same medical care from doctors and healthcare workers as people from other groups.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
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ACS Health Equity Community Projects: Group-Based Medical Mistrust Baseline Survey Results

The goal of the Group-Based Medical Mistrust Survey (GBMMS) is to learn about community members’ general feelings about the healthcare system. The GBMMS was administered in English between 08/04/2022 and 11/16/2022. 74 community members responded to the survey. Survey demographics are provided on the second page.

Less than half of participants reported medical mistrust. Participants reported the highest mistrust related to experiences of differential treatment and care due to race and/or ethnicity (Discrimination). Respondents rated 12 medical mistrust statements on a scale of 1-5 (Strongly Disagree to Strongly Agree). The average score for the full GBMMS scale was 3.05, indicating that, on average across all statements, participants were neutral regarding their mistrust of the medical system.

Full survey items provided on next page. Some survey questions were not answered by all participants, and thus all bars may not reach 100%. When comparing participants across racial and ethnic identity, Non-Hispanic Other POC* participants reported the highest mistrust related to experiences of differential treatment and care due to race and/or ethnicity (Discrimination). When compared to non-Hispanic White participants, Non-Hispanic Black or African American participants had significantly higher medical mistrust.
Resources Available For Grantees
## Resources Available For Grantees

This document is an overview and "how-to" guide for individuals engaged in the Health Equity Community Projects Medical mistrust in relation to Colorectal Cancer Screening ECHO. The primary users of this guide include Project Leads/Community Leadership Teams for the Health Equity Community Project grants, ECHO expert faculty/subject matter experts, and ACS Cancer Control Regional team members.

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- Zoom Setup and troubleshooting
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The American Cancer Society utilizes the ECHO Model to fight cancer on all fronts.

Developed at the ECHO Institute at the University of New Mexico, the ECHO Model allows the American Cancer Society to efficiently disseminate evidence-based strategies to improve cancer outcomes, increase prevention and early detection efforts in health systems, and improve the overall quality of care to ensure all people who have cancer and survivors have access to recommended care.
Thank You