Abstract 7

Title: Addressing Barriers to Prostate Cancer Screening in High-Risk African American Men

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Track: Health System Transformation

Background: Prostate cancer is the second leading cause of cancer-related deaths in New Jersey (NJ) men, with a higher mortality rate in Essex County than NJ (24.9 vs 17.2 per 100,000) in 2016. African American (AA) men have a 2.5-3x higher rate than Whites, and Hispanics and are twice as likely to die. At diagnosis, AA men are younger and have more advanced and aggressive disease. The Screening Access of Value to Essex Women and Men (S.A.V.E.) community program has initiated a program to increase early detection of prostate cancer.

The objective is to identify systemic barriers to prostate cancer screening, describe solutions, and measure screening rate in FY 2019.

Methods: Three barriers and respective solutions for prostate cancer screening were identified through literature search and discussions with S.A.V.E. staff. 1. Poor health literacy-addressed with education about the screening guidelines. 2. Provider resistance-addressed through communication about risk in AA men, changes in guidelines, and shared decision methods. 3. Financial barriers-removed by ensuring patients are registered correctly and billed through the S.A.V.E. program. Process evaluation includes numbers attending information sessions and numbers completing screening.

Results: No men were screened in FY 2018. Beginning in 9/2019, new methods were initiated, 8 men have attended information sessions and 5 have agreed to screening. Trends will be monitored November 2019-April 2020.

Conclusion: Increasing awareness among high risk AA men and educating health care providers about updated screening guidelines and local prostate cancer incidence and mortality will increase physicians' receptivity to screening and lead to changes in practice. Individualized education to patients and physicians about prostate cancer screening among high-risk AA men enhances early detection of cancer.

Public Health Implications: This project may provide a model for other programs caring for high risk populations.

Data Source: Literature Review-Pub Med, S.A.V.E. program administrative data