

# Driving Change: Assessing Cancer Screening Community Outreach within Wards 7 and 8 of D.C.

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Our project is to evaluate the impact of community outreach about cancer screening services and accessibility to primary care physicians for individuals within Wards 7 and 8 of D.C.

## ABSTRACT

- Wards 7 and 8 of Washington D.C. face the highest incidence and mortality rates of lung and bronchial cancer. These areas of D.C. have limited access to care and resources.
- Through screening barriers, patients in Wards 7 and 8 often receive late diagnoses and thus have poorer prognosis, which is otherwise preventable through early detection and screening education.
- The American Lung Cancer Screening Initiative works to spread awareness about the importance of lung cancer screening for high-risk individuals
- The George Washington University chapter works with the GW Hospital to help potential at-risk individuals to be directly screened.

## BACKGROUND

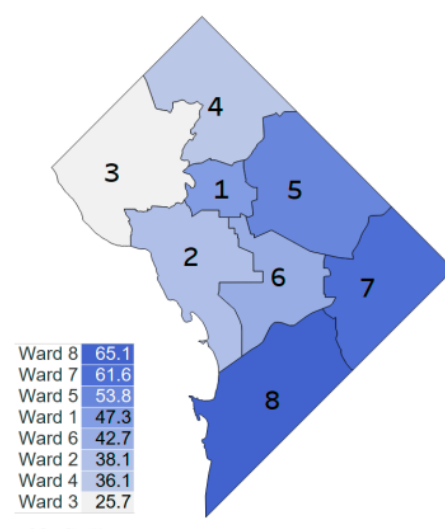
- The District of Columbia (D.C.) is divided into wards 1-8.
- Wards 7 and 8 are located east of the Anacostia River and suffer both the highest incidence and mortality rates of lung and bronchial cancer in D.C.
- Our team sought to convey the benefits of early lung cancer screening services in Wards 7 and 8, following a developed framework to increase health literacy. We followed a specified framework:
  - Identify an institution or group to serve as a patient navigator and coordinating body
  - Conduct a formal intake process for patient navigators to ensure that all contact information, type of patients served, area of specialty, and any additional detail about their practice, is collected
  - Survey patient navigators to identify areas of interest or need
  - to inform potential future trainings
- Our recent participation in the GO2 for Lung Cancer Voices Summit reaffirmed the critical role of such initiatives like our grocery store outreach.
- Discussions at the summit underscored the alarmingly low screening rates and the life-saving potential of early detection.

## RELATED LITERATURE

For fliers used, see QR Code



**Ward 8 has the highest incidence rate of lung and bronchus cancer (65 per 100,000 individuals), 2014 - 2018.**



**Ward 8 has the highest mortality rate of lung and bronchus cancer (53 per 100,000 individuals), 2014 - 2018.**

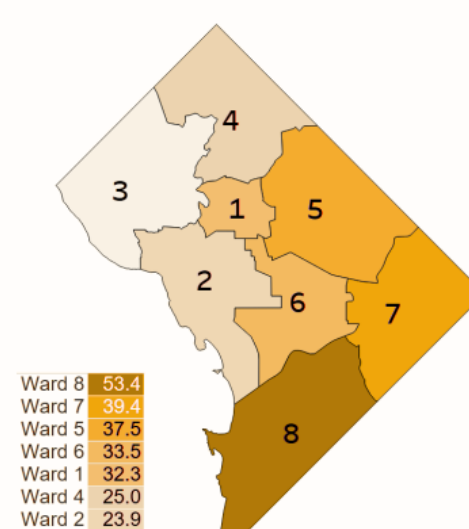


Fig 1&2: Data collected by D.C. Health reflecting health data in D.C. on Lung and Bronchus Cancer in 2018.

## METHODS

- Our team participated in community outreach through an established marketing plan to deliver health information on cancer screening to individuals in both Wards 7 and 8.
- We were stationed at two grocery stores, Giant Food and Safeway, to distribute fliers with specific information on cancer, early detection, and screening services.
- An example of questions asked were:
  - Have you received a mammogram before?
  - Do you know someone diagnosed with lung cancer?
  - 3 consistently asked questions were:
    - Are you between the ages of 50-80 years?
    - Do you smoke now or you have you quit within the last 15 years?
    - Have you smoked an average of 1 pack of cigarettes a day for 20 years or 2 packs a day for 10 years?

**Are You at Risk for Lung Cancer?**

Get screened to detect lung cancer in its earliest stages.

Scans are Safe, Easy and No Cost to the Patient:

- Early screening saves lives!
- The scan itself takes only 60 seconds
- No upfront costs. Scans are covered for those who qualify
- Get results within one week
- You don't have to quit smoking to get screened

**High-Risk Criteria:**

- Smoke a pack of cigarettes or more a day for at least 20 years (or equivalent)
- Age 50-80 years
- Currently smoke or quit smoking within the last 15 years

Talk to your Primary Care Physician about getting screened or learn more at: [GWdocs.com/lung-screening](http://GWdocs.com/lung-screening) or 1-855-GWLUNGS

GW Medical Faculty Associates

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL

Scans take place at:  
GW Imaging Center  
2121 K Street, NW  
Washington, DC 20037

## RESULTS

- For the 4 hours spent at Giant Food and Safeway, students were able to speak to approximately 80-85 members of the community.
- The majority of community members interacted with were in the middle-age and elderly population. Additionally, in nearly every interaction students were able to provide individuals with pamphlets or papers detailing the risk factors and resources available for various forms of cancer, including lung, cervical, breast, and prostate.
- Several individuals dismissed the fliers, replying that they are “not smokers”, contributing to the stigma associated with lung cancer
- Many community members grabbed fliers and continued on while few community members engaged in long-holding conversations.

## CONCLUSIONS

- By situating outreach efforts within key areas of commerce in Ward 8, an area of Washington that has historically housed larger proportions of minorities and immigrants, students were able to utilize a daily routine, such as grocery shopping, as an opportunity to engage individuals in meaningful conversations about cancer risks, prevention, and the importance of regular medical screenings.
- The distribution of informational pamphlets on various types of cancers, including lung, cervical, breast, and prostate, served as essential factors to institute dialogue and aided discussions regarding frequently marginalized or stigmatized themes.
- When engaging with community members, age and gender demographics were assumed. In the future, identity sensitivity should be protected and taken into consideration before approaching individuals.

## REFERENCES

- Figure 1&2 : D.C. Health Government of the District of Columbia
- Figure 3: The George Washington University Hospital Medical Faculty Associates and Dr. Yang with American Lung Cancer Screening Initiative
- Black Women Thriving East of the River Intervention Compendium: Patient Navigation