



Health Equity Community Project ECHO

Medical Mistrust in Relation to Colorectal Cancer Screening

Thursday, August 24, 2023



Before we begin..

Please put your name, health center, organization, and location in the chat!

Welcome to the August Health Equity Community Project ECHO Session



Each ECHO session will be recorded and will be posted to echo.cancer.org



You will be muted with your video turned off when you join the call.
Use the buttons in the black menu bar to unmute your line and to turn on your video.
If you do not wish to have your image recorded, please turn OFF the video option.



Today's materials will be made available on echo.cancer.org



Type your name and organization in the chat box



This ECHO session takes place on the Zoom platform.
To review Zoom's privacy policy, please visit zoom.us/privacy



Remember: Do NOT share any personal information about any patient

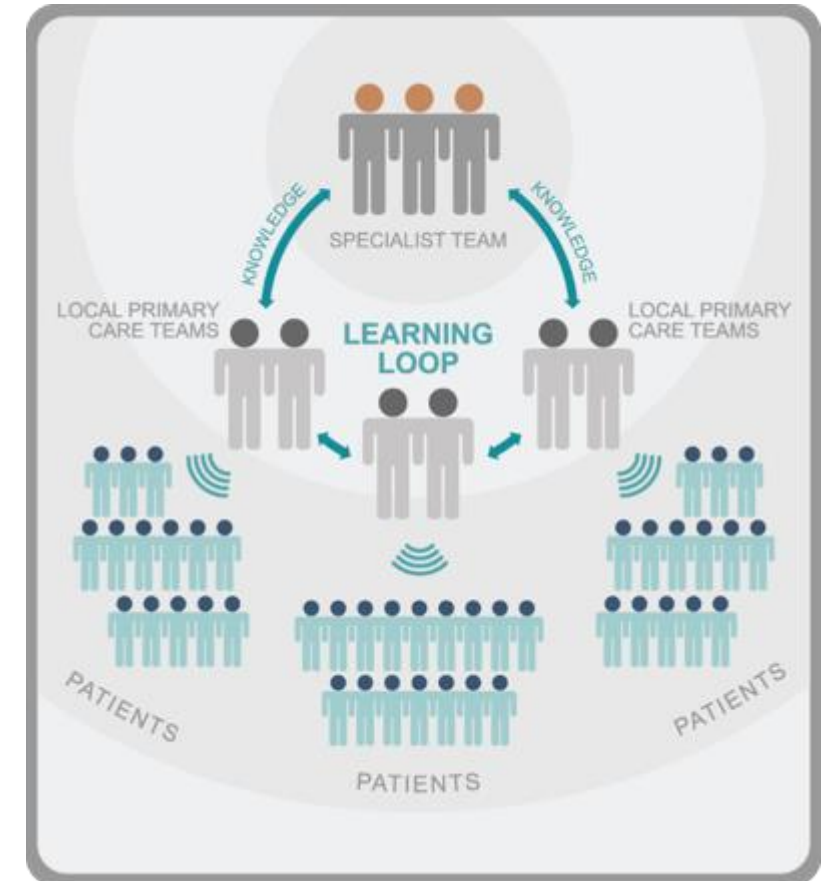


Questions about Zoom? Type them in the chat box to: Allison Rosen

What does Project ECHO do?

What does ECHO do?

- ▶ ECHO **effectively** and **efficiently** disseminates evidence-based strategies to improve cancer outcomes
- ▶ ECHO allows to **convene** for best practice sharing across health centers, institutions, and other silos
- ▶ For more information, please refer to your guidebook or visit www.echo.unm.edu

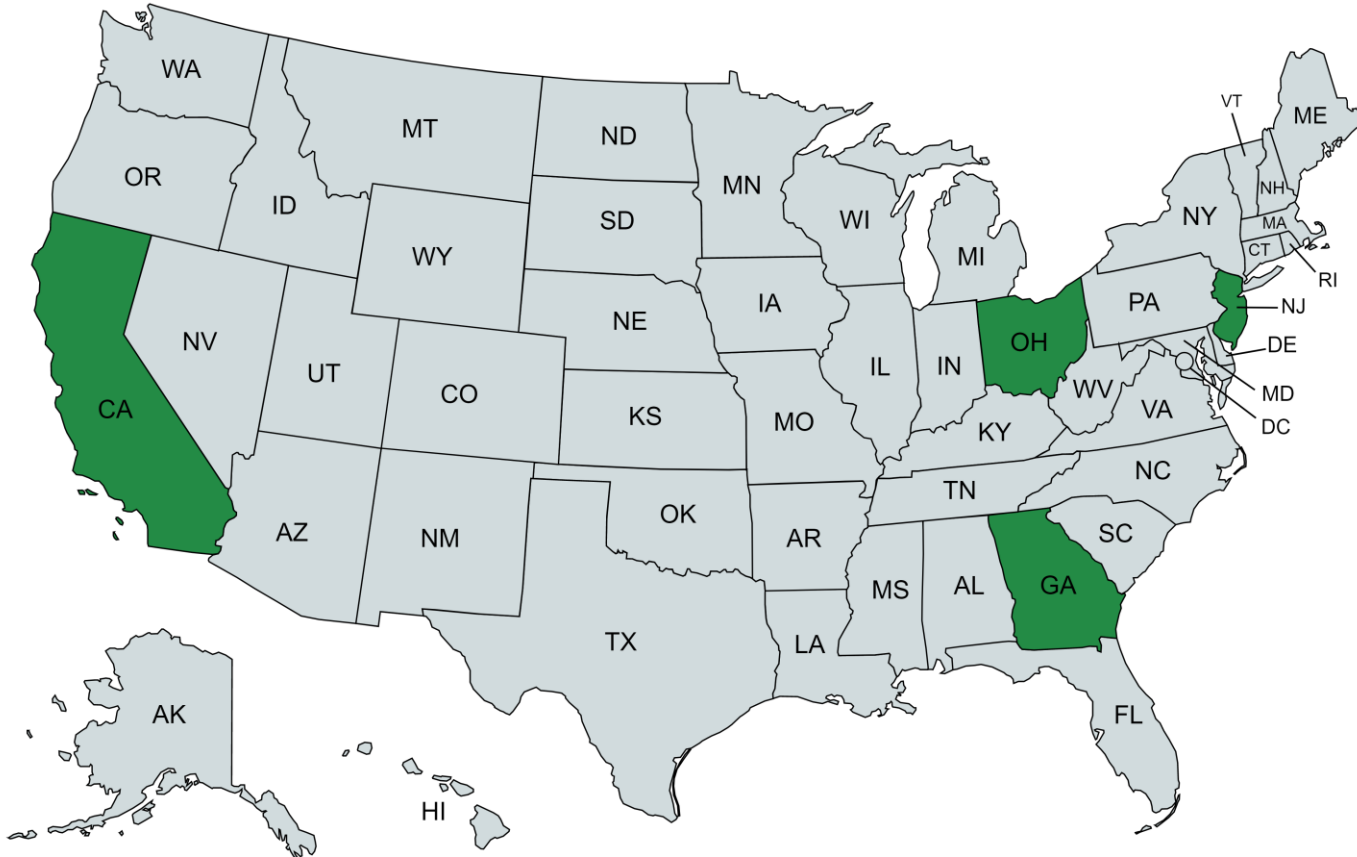


Health Equity Community Project ECHO Series

Purpose

- To share relevant health equity, medical mistrust, and colorectal cancer screening information with participants to enhance their community projects
- To provide participants with an opportunity to build their networks within their cohort and expert faculty
- To offer an opportunity for participants to share project-related challenges or questions; seeking feedback from expert faculty and cohort colleagues

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

Project ECHO Planned Topics

Session Date	Didactic Topics
September 28 2022	Understanding and Addressing Medical Mistrust: Introduction to the Group Based Medical Mistrust Scale
November 15, 2022	Measuring Mistrust using the Group Based Medical Mistrust Scale: Best Practices from a Community
January 27, 2023	Understanding Medical Mistrust Through the Colorectal Cancer Screening Lens
April 19, 2023	Patient Engagement Series: Fundamentals of Elevating Patient Voices Through the Use of Patient Advisory Councils and Governing Boards
June 29, 2023	Patient Engagement Series: Using Patient Voices to Improve Policies and Practices to Address Medical Mistrust in Relation to Colorectal Cancer Screening
August 24, 2023	Patient Engagement Series: Strategies for Sustaining a Highly Effective Patient Advisory Council and Governing Board
October 6, 2023	Effective Strategies for Addressing Medical Mistrust: Support from Healthcare Providers
December 2023	Effective Strategies for Addressing Medical Mistrust: Patients Perspectives of Discrimination and Group Based Disparities
February 2024	Effective Strategies for Addressing Medical Mistrust: Patients Suspicion of Healthcare Providers

August Agenda

Welcome and Introductions <i>ECHO Hub Introductions and Icebreaker</i>	10 minutes
Didactic Presentation <i>Patient Engagement Series: Strategies for Sustaining a Highly Effective Patient Advisory Council and Governing Board</i> Beverley H. Johnson, FAAN Institute for Patient and Family Centered Care (IPFCC)	30 minutes
Didactic Q/A	5 minutes
Facilitated Group Discussion <i>Group Based Medical Mistrust Scale (GBMMS) Baseline Results</i>	10 minutes
Wrap-up	5 minutes



ECHO Hub Introductions and Icebreaker

Project ECHO Introductions

ACS ECHO HUB Staff

- Cecily Blackwater, MPH
- Tracy Wiedt, MPH
- Allison Rosen, MS

ECHO Faculty

- Anjana Sharma, MD, MAS
- Jack Westfall, MD, MPH
- Beverley Johnson, FAAN

For attendance purposes, please type your location, name, and organization in the chat box!



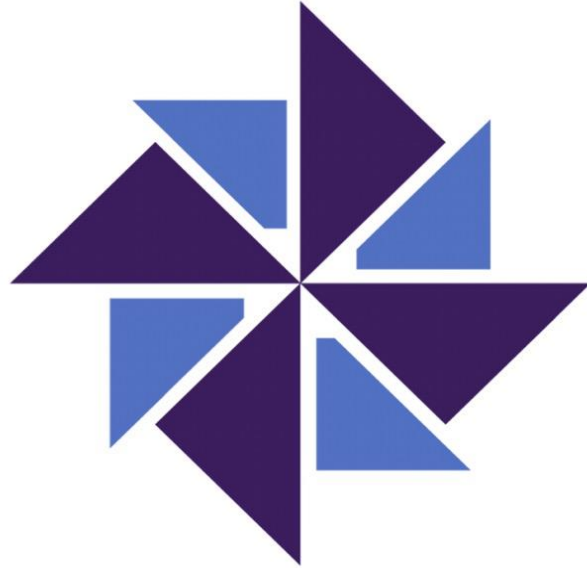
You've been granted a one-way ticket to another country of your choice. Where are you going?

This question applies to everyone (Community Project sites, ACS staff, and our ECHO Faculty)! Feel free to come off mute or type your answers into the chat box!

About Our Presenters



Beverley H. Johnson, FAAN
President and Chief Executive Officer
Institute for Patient and Family
Centered Care (IPFCC)



**INSTITUTE FOR PATIENT- AND
FAMILY-CENTERED CARE®**

Patient- and Family-Centered Care: Best Practices for Partnering with Patient and Family Advisors

Presented by: Beverley H. Johnson, FAAN
IPFCC President and CEO

August 24, 2023

American Cancer Society's Health Equity Community
Project ECHO: Medical Mistrust in Relation to Colorectal
Cancer Screening



In our time together . . .

- ◆ Develop a shared understanding of patient- and family-centered care and how it can improve quality, safety, equity, the experience of care, and the work experience in Federally Qualified Health Centers.
- ◆ Discuss best practices for partnering with patients and families as advisors (PFAs) and for governing boards to improve quality and build trust in the health care system.
- ◆ Describe opportunities for PFAs to build awareness and trust for colorectal screening.



Patient- and Family-Centered Core Concepts

- ◆ People are treated with **respect and dignity**.
- ◆ Health care providers communicate and share complete and unbiased **information** with patients and families in ways that are affirming and useful.
- ◆ Patients and families are encouraged and supported in **participating in care, care planning, and decision-making** at the level they choose.
- ◆ **Collaboration** among patients, families, and providers occurs in policy and program development, professional education, research, and innovation, as well as in the delivery of health care.



Inextricably Linked . . . More Important Than Ever



Transformational Change in Organizational Culture

Patient- and family-centered care provides the framework and strategies to **transform organizational culture** and improve the experience of care and enhance quality, safety, equity, and efficiency. It also can improve the work experience.



Language of Partnership

- ◆ Be explicit about working together with the patient and their family, however they define their family and according to their preferences.
- ◆ Clearly convey respect to the patient and family and build on their strengths.
- ◆ Be aware of how you share information with the patient and family—is it understandable to them, is it practical, useful, and supportive of their roles as essential members of the care team?
- ◆ Respectful, mutually beneficial partnerships can build trust, enhance teamwork and the work experience for clinicians and staff as well.



Partnering with
Patient and Family Advisors on the
Governing Board and in Patient and Family
Advisory Councils (PFACs)



Patient and family advisors are the experts on the experience of care. It is essential to prepare them to participate in the work that Governing Boards are engaged in . . .

- ◆ Developing the Mission, Vision, and Values.
- ◆ Strategic Planning.
- ◆ Selection and Evaluation of the CEO.
- ◆ Quality Assurance and Improvement.
- ◆ Safety.
- ◆ Stewardship of Fiscal Resources.
- ◆ Performance Measurement.



Why involve patients and families as advisors?

- ◆ Bring important perspectives.
- ◆ Teach how systems really work.
- ◆ Keep staff honest and grounded in reality.
- ◆ Inspire and energize staff.
- ◆ Lessen the burden on staff to fix the problems... staff do not have to have all the answers.
- ◆ Bring connections with the community.
- ◆ Offer an opportunity to “give back.”



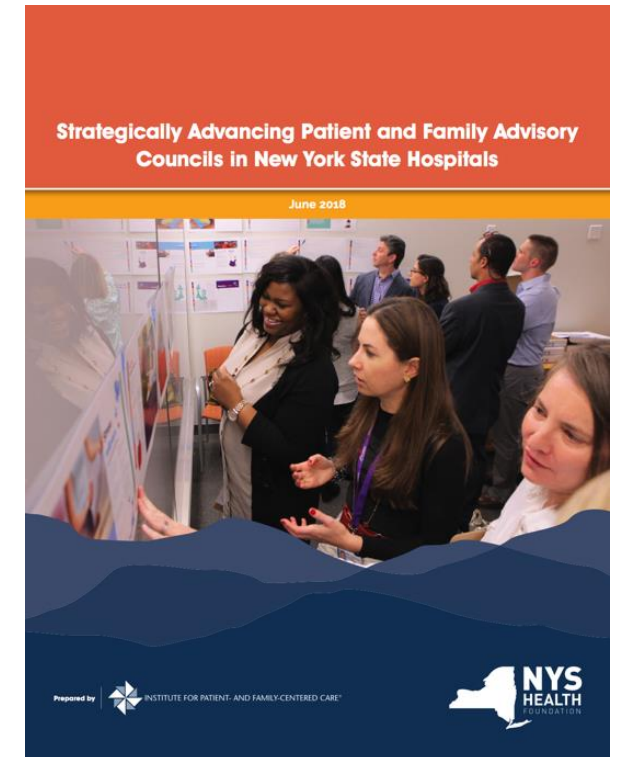
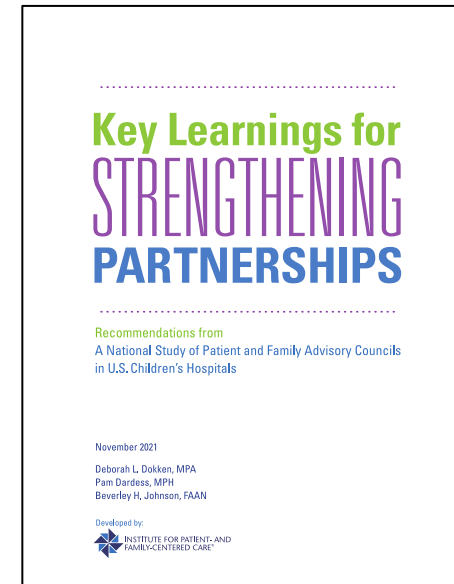
Recruiting and Selecting Patient and Family Advisors

- ◆ Ask staff and physicians for suggestions.
- ◆ Contact support groups and community organizations such as fire stations, religious organizations, homeless shelters, peer recovery programs, cultural brokers, or place ads in local newspaper or community radio stations.
- ◆ Ask current patient and family advisors.
- ◆ Call or send a mailing to patients and families.
- ◆ Ask patients/families during a clinic visit or during a hospital stay when appropriate.
- ◆ Post signs/brochures on bulletin boards in waiting areas, corridors, lobbies, or closed-circuit TV.
- ◆ Post information on Twitter and Facebook.



Two Studies of PFACs and PFAs: Key Learnings for Success

- ◆ Importance of leadership commitment to and support of partnerships.
- ◆ Having an executive sponsor and a staff liaison.
- ◆ Defined relationship to clinic/hospital/health system leadership and Board of Directors.
- ◆ Successful PFACs have recruitment strategies to ensure that the diverse populations served are represented.

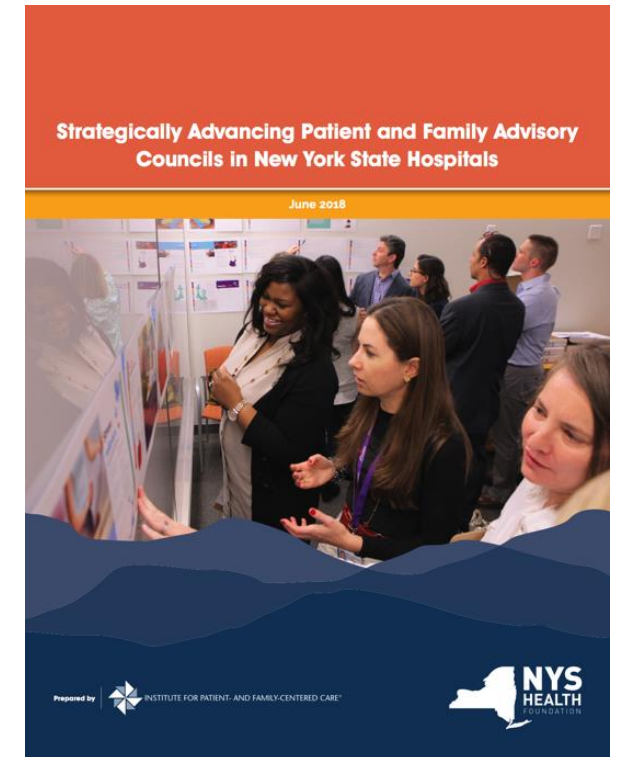
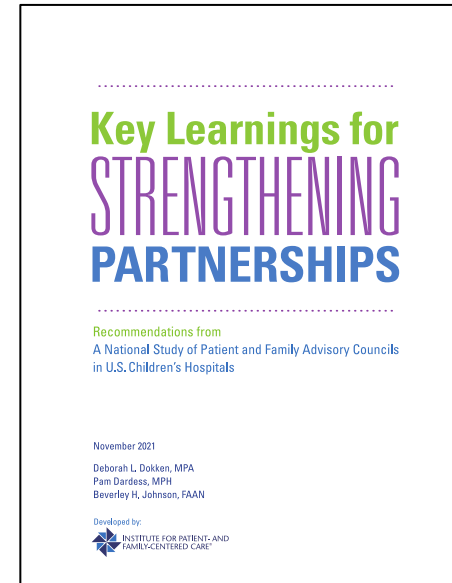


www.ipfcc.org/bestpractices/patient-and-family-advisory-programs/index.html



Two Studies of PFACs and PFAs: Key Learnings for Success (cont'd)

- ◆ Regular meetings, usually 10 times/year.
- ◆ A variety of ways to serve as PFAs, including, virtual opportunities and full membership on key committees and QI and safety teams.
- ◆ Annual PFAC evaluation and outcomes/impact of PFAC activities/initiatives measured.
- ◆ Annual report developed and shared broadly with health system, the FQHC Board, and the community.



www.ipfcc.org/bestpractices/patient-and-family-advisory-programs/index.html



Qualities and Skills of Successful Patient and Family Advisors

- ◆ The ability to share personal experiences in ways that others can learn from them.
- ◆ The ability to see the bigger picture.
- ◆ Interested in more than one agenda issue.
- ◆ The ability to listen and hear other points of view.
- ◆ The ability to connect with people.
- ◆ A sense of humor.
- ◆ Representative of the patients and families served by the hospital and clinics.



Sustaining Momentum and Keeping Advisors Involved in PFACs and Governing Boards

- ◆ Ensure that PFA's are engaged in meaningful work and are making a difference, close the loop about changes discussed and the impact and rationale for what some recommendations were not implemented.
- ◆ Eat together to build relationships
- ◆ Measure and showcase changes and improvements.
- ◆ Recognize their time, thought and the results of their participation.
- ◆ Ensure that organizational leaders and governing board know about the work of Patient and Family Advisors and have meaningful ways to connect with them.
- ◆ Evaluate the process along the way.
- ◆ Anticipate that plateaus may occur.



Sharing Information and Building Trust with the Community

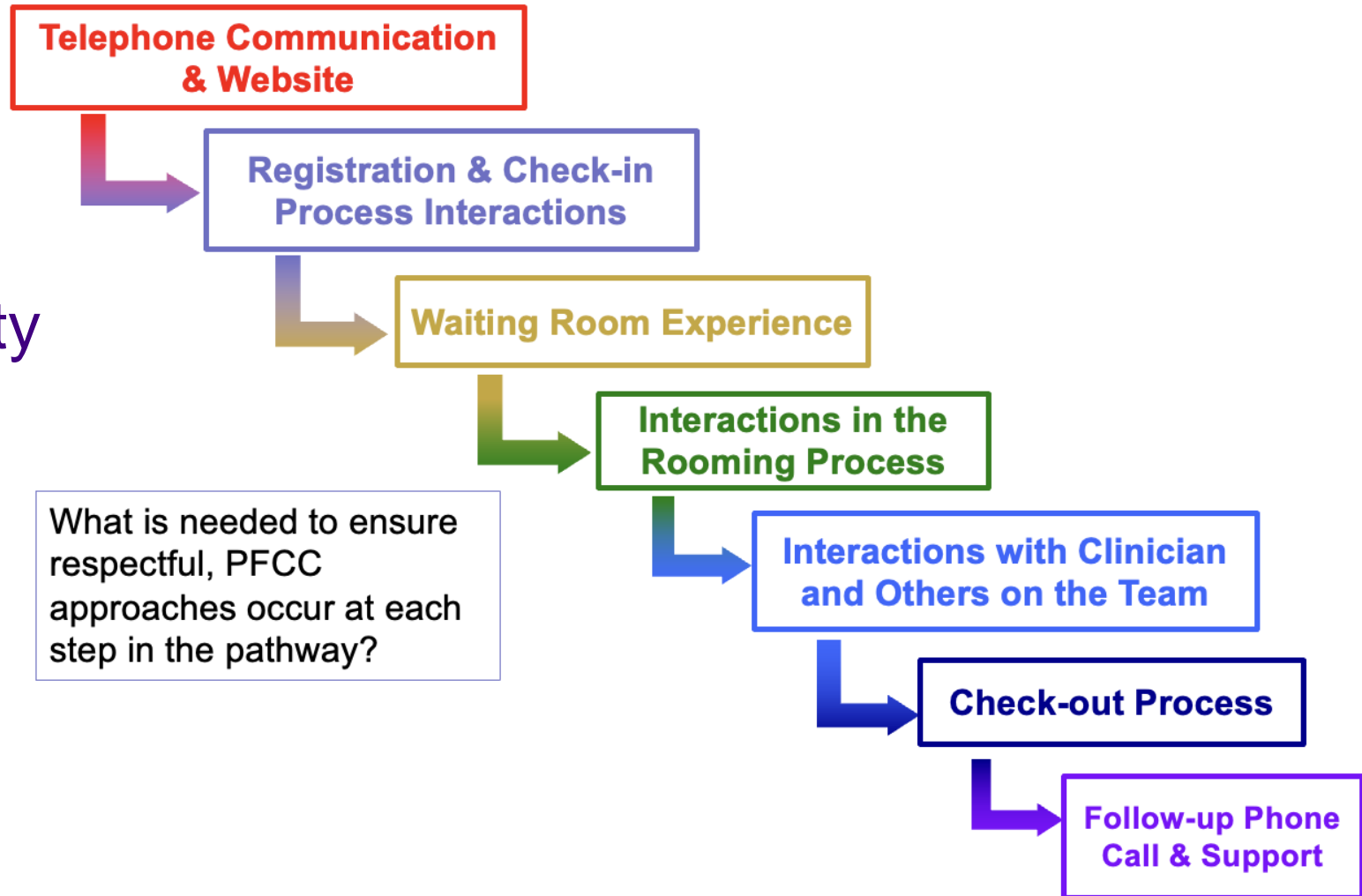
Last month, Jack Westfall discussed the work High Plains Research Network (HPRN) Community Advisory Council, Colorado and its work to improve colorectal screening.

PFAs can guide and participate in outreach and in building trust for the healthcare system.



An Ambulatory Patient- and Family-Centered Pathway

Opportunities to Partner with Patients and Families




PFCC in Primary Care and Specialty Ambulatory Care

Building Trust

Sharing Useful Information



A Checklist for Creating a Welcoming and Supportive Clinic that Builds Trust in Health Care



INSTITUTE FOR PATIENT- AND FAMILY-CENTERED CARE®

Welcoming and Supportive Clinics: A Checklist

As individuals or as a team (including staff, clinicians, and patient and family advisors), think about your clinic and how it is experienced by patients and families. Answer the following questions and provide suggestions for improvement, where applicable.

	YES	NO	SUGGESTIONS FOR IMPROVEMENT
First Impressions			
1. The clinic creates positive and welcoming first impressions for patients and families.			
2. First impressions specifically are welcoming to patients and families from diverse cultural and linguistic backgrounds.			
Check-in			
3. Staff members welcome patients and families warmly and respectfully.			
4. Patients and families are asked to share their priority goals for the visit.			
Signage and Art			
5. Signage/wayfinding is accessible and clear.			
6. Signage/wayfinding is in the languages of the communities served by the clinic.			
7. The art shows people, symbols, and scenes that are relevant to patients and families served by the clinic.			
Waiting Room			
8. The waiting room conveys that it is a place of learning rather than just a place to wait.			
9. Current and colorful bulletin boards, television programming, and computers have information about cancer screenings and vaccines; other tips for health, including nutrition, exercise, safety; and community health events.			
Exam Room			
10. Seating is comfortable for patients of all ages and supports a child and parent sitting together.			

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	YES	NO	SUGGESTIONS FOR IMPROVEMENT
11. Current and colorful bulletin boards have information about cancer screenings and vaccines; other tips for health, including nutrition, exercise, safety; and community health events.			
12. Computers have screensavers or short videos about cancer screenings and vaccines and other health information relevant to patients and families.			
13. Age-appropriate toys are available.			
Information and Education			
14. Written, audiovisual, and web-based informational and educational resources are provided in the languages of the communities predominantly served by the clinic.			
15. These resources are at the appropriate literacy level for patients and families served by the clinic.			
16. Opportunities are offered for discussion groups, peer conversations, and community health events to learn about cancer screenings, vaccines, and other health issues.			
Staff and Other Personnel			
17. Staff members are representative of the communities predominantly served by the clinic.			
18. Lay health workers (e.g., CHWs, doulas, navigators, peer mentors) are available to connect with patients and families.			
19. Lay health workers partner with clinicians in discussions about vaccines.			
Check-Out			
20. Visit follow-up steps are shared clearly with patients and families.			
21. Take-home information about vaccines and other health information is provided to patients and families.			

Developed by the Institute for Patient- and Family-Centered Care (IPFCC) for the Association of American Medical Colleges (AAMC) for its *Building Trust and Confidence in Vaccines through Partnerships* initiative. Adapted by IPFCC for the American Cancer Society's Health Equity Community Project ECHO: *Medical Mistrust in Relation to Colorectal Cancer Screening*.

This checklist is funded by a cooperative agreement (FAIN: NUSOCK000586) from the Centers for Disease Control and Prevention (CDC) to the Association of American Medical Colleges. The information included does not necessarily represent the policy of CDC or the Department of Health and Human Services and should not be considered an endorsement by the federal government.




Supporting Collaboration in the Office Visit

What I need most from my appointment today:



Additional thoughts or comments:

 PeaceHealth
Medical Group

*At my
appointment...*

DATE: _____ TIME: _____

What I need most from my appointment today:

- 1.
- 2.
- 3.
- 4.
- 5.

Additional thoughts or comments:

Medical Home 458-205-6061 ■ www.peacehealth.org/phmg
Endorsed by the Patient Advisory Council (PAC).
For more information on the PAC please call 541-222-6242.



Resources

- ◆ **PFCC.Connect Informal Conversation: *Onboarding Strategies for New Patient and Family Advisors/Partners!*** August 29th, 12-1 pm ET
- ◆ **IPFCC Webinar: *More Than Checking A Box: Strengthening DEI In Children's Hospital PFACs***, September 27th at 2:00 - 3:30 pm ET
- ◆ **The Partnerships in Ambulatory Care Section of the IPFCC Website:** New Resources for Building Trust thought Partnerships coming soon.

www.ipfcc.org/bestpractices/ambulatory-care/index.html





What are your key questions about developing and sustaining effective partnerships with patient and family advisors and with its Governing Board for FQHCs ?





Bev Johnson

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www.ipfcc.org



Questions?

Facilitated Group Discussion

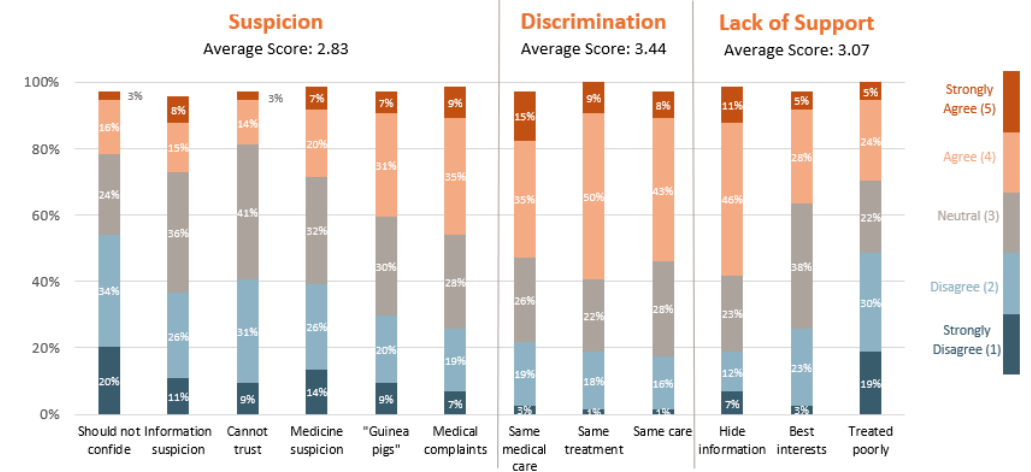
*Group Based Medical Mistrust Scale
Baseline Results*

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**.

44% (33) of respondents have been screened for colorectal cancer.



69% screened via colonoscopy

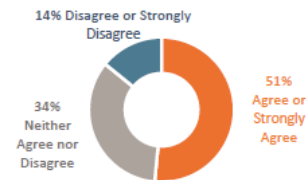


22% screened via stool-based test



41% have been screened in the last year, 34% in the last 1-9 years, and 6% over 10 years ago.

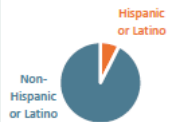
Approximately half of participants either agree or strongly agree that they completely trust that their doctor's decisions about colorectal cancer screening are best for them.



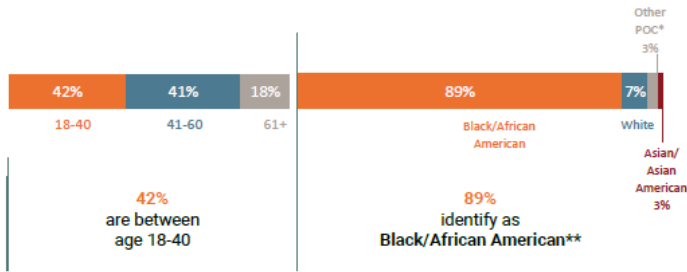
Survey Demographics



60% identify as female, 39% as male, and 1% as nonbinary.



7% identify as Hispanic or Latino



42% are between age 18-40

89% identify as Black/African American**

Group Based Medical Mistrust Scale Baseline Results

- Who are you sharing your results with? (i.e., Patient Advisory Council, Governing Board, etc.)
- How do you plan to partner with patients and collect feedback from them regarding medical mistrust?



Anjana Sharma, MD, MAS



Jack Westfall, MD, MPH



Bev Johnson, FAAN

THANK YOU TO OUR PHASE 2 ECHO FACULTY!

Health Equity Community Project Case Study Overview

Presenting a Case Study

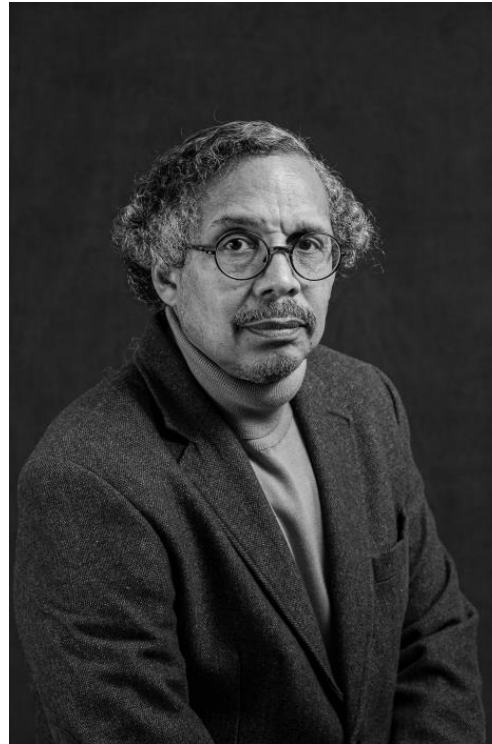
- Submission of cases for presentation and discussion is a key component in the Project ECHO model.
- It is critically important for knowledge building and sharing for all ECHO participants and is therefore an expectation for Community Leadership Teams to present at least one case study within the 18-month project period
- Community project sites are encouraged to present a case study involving information on their population of focus, efforts related to addressing medical mistrust within their community, and/or challenges involving project implementation.
- Community project sites will be notified **a month in advance** to present a Case Study for the next ECHO Session.
- Community Leadership teams will be provided with a Case Study presentation Power Point template, which will solicit demographic and relevant information pertaining to Community Project efforts. The Power Point will also include a section for listing questions Community Leadership Teams may have concerning their projects.
- **Please submit completed Case Studies to cecily.blackwater@cancer.org one week prior to the scheduled ECHO Session**



Project ECHO Session Survey

Next Project ECHO Session

Phase 3: Implementing Interventions to Address Medical Mistrust



Presenter: Wayne Tuckson, MD, FACS, FASCRS

Date: ECHO Session #7 – October 6, 2023 at 11am PT/12pm MT/1pm CT/2pm ET

Topic: *Effective Strategies for Addressing Medical Mistrust: Support from Healthcare Providers*

Next Steps

Group Based Medical Mistrust Scale Baseline Data:

- Share results with Patient Advisory Council, Governing Board, and/or QI Committee

Bi-monthly Check-in Calls:

- Bi-monthly Check-in Call to review GBMMS data August 31, 2023

Project ECHO:

- ✓ ECHO Session #6: Thursday, August 26, 2023 (60 minutes)
- ECHO Session #7: Friday, October 6, 2023 (60 minutes)

Thank You