

NEBRASKA COMMUNITY HEALTH NEEDS ASSESSMENT: Rural Community Listening Session Summary

December 2021

K. L. Ratnapradipa, L. L. Luma, J. Ranta, K. Napit, & S. Watanabe-Galloway

Three listening sessions were conducted among cancer patients and care givers in Nebraska, recruited from cancer centers in Grand Island, Hastings, and North Platte. Perceptions of the communities' health were favorable (Fig 1). Cancer is a very important health concern (Fig 2).

Most cancer patients and caregivers received cancer-related information from multiple sources, including healthcare providers, family or friends, and the internet. Information was also shared at cancer support groups such as A Time to Heal.

"I wish... you could sit and talk to doctors and just tell them what it feels like, especially that first diagnosis. I don't think they always realize how traumatic it is."

Figure 1: Favorable impressions of the community's health status

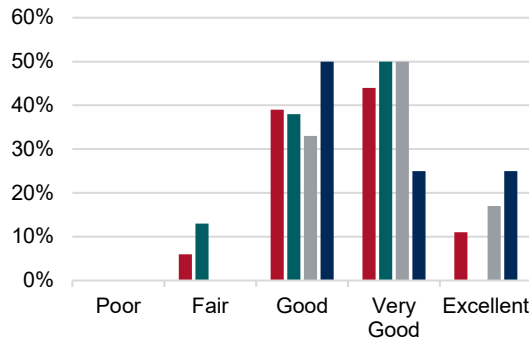
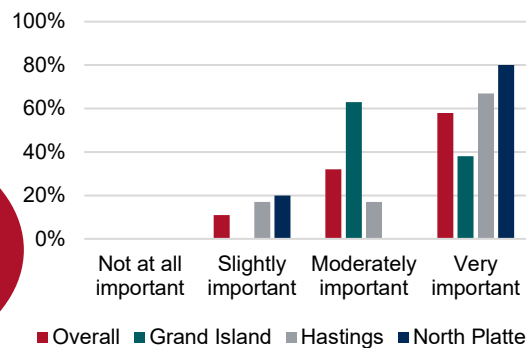


Figure 2: Cancer is a very important concern in the community



Recommendations

- Community events and health fairs, such as Relay for Life, are important venues for cancer prevention messaging with face-to-face education. Participants wanted Relay for Life restarted in their community.
- Support groups are an avenue for education and sharing resources; such groups should not be limited to breast cancer and need to be available to patients in outlying communities
- Integrate mental health support (psychological services) with the cancer team, particularly at time of diagnosis
- Expand geographical coverage of support services (financial assistance and transportation aid), available through the cancer centers and through community organizations

Cancer Treatment Experience

Primary care and cancer specialists need to coordinate care. Patients and caregivers who worked with nurse navigators valued the help and care coordination. Clear patient-provider communication and shared decision-making include the need for education; patients want to be able to ask questions. Staff and support services are important components of the cancer experience. Many patients need financial and travel assistance and appreciate being reminded that it is available.

Colorectal Cancer (CRC) Screening

Patients and caregivers were most familiar with colonoscopy as a CRC screening method. Among those who had heard of fecal tests, confusion existed about the different types of tests and some uncertainty about their accuracy. Discussions with doctors about fecal testing often occurred only after expressing reluctance or refusal for colonoscopy due to the bowel preparation ("horror stories about the prep") or embarrassment about the procedure ("I don't want to go in and have any doctor playing with my butt"). Participants rely heavily on recommendations from doctors about when to have CRC screening and weren't familiar with the age recommendations or that people at higher risk (for example family history) should begin screening earlier. "It's something that nobody likes to talk about" and "You don't hear about that you should. It's not...like mammograms" captured these sentiments. Low perceived individual risk ("it's an old person disease" and "probably not a risk for me...I'll get it later") also contribute to low screening rates.

Annual screening reminder message:
"Give yourself a birthday present so that you have time for family and grandkids."

Patients and caregivers made suggestions to improve CRC screening, including: 1) educate the community about CRC screening options and guidelines, 2) providers should educate patients about screening options (shared decision-making), and 3) providers need to be insistent about such screening.