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## Using community outreach to explore health-related beliefs and improve surgeon-patient engagement



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### ABSTRACT

**Background:** Fostering surgeon engagement in community outreach was recently identified as a major priority toward reducing health care disparities in surgery. We aimed to increase surgeon engagement in the local community, understand prevalent beliefs, and identify educational opportunities in the local community regarding cancer screening and treatment using community outreach.

**Materials and methods:** In collaboration with the university's cancer center, the medical student surgical interest group, surgical faculty, and residents developed a community outreach program. The program consisted of networking time, a formal presentation, panel discussion, and question and answer time. A survey was distributed to all participants before the educational session, and a program assessment was distributed at the program's conclusion.

**Results:** A total of 256 community members and 22 surgical volunteers attended at least one of the two events. Attendees were insured (175; 92.7%), female (151; 80%), and African-American (176; 93.1%), with a mean age of 61 y (standard deviation 14.0). About 56 participants (29.6%) were unwilling to undergo screening colonoscopy. Forty-eight respondents (25.4%) endorsed mistrust in doctors and 25% believed surgery causes cancer to spread; a significantly higher proportion of them aged <60 y old. About 113 (59.8%) and 87 (46.1%) misunderstood the definitions of malignant and metastatic, respectively. Males were more unsure than females (61% versus 55%,  $P = 0.5$  and 70% versus 55%,  $P = 0.01$ ).

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*Conclusions:* Risk perceptions related to fatalism, mistrust, or lack of knowledge were prevalent. The ability of surgeons to reach at-risk populations in the prehospital setting is an important opportunity waiting to be capitalized upon.

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## Introduction

According to the Health Belief Model, risk perception is a central barrier to the receipt of health services.<sup>1</sup> Specifically for African-Americans, perceptions of risk related to fatalism (no option for treatment or cure), mistrust (surgery can spread cancer), lack of knowledge, and underestimation of risk are commonly identified barriers to undergoing colorectal cancer screening and treatment.<sup>2</sup> Notably, several of these risk perceptions relate to the acceptance of the surgical treatment of disease in general.

Race, sexual orientation, gender, age, and overall health status are associated with surgical outcomes, with worse outcomes experienced among vulnerable populations.<sup>3-7</sup> However, a 2013 study of black and white breast cancer patients using the Surveillance, Epidemiology and End Results Program-Medicare database done by Silber *et al.* showed that treatment differences only accounted for 0.81% of the 12.9% difference in survival, suggesting that a large part of overall survival is determined before the patient ever sees the surgeon. Black patients had significantly fewer primary care visits and lower rates of colon cancer screening.<sup>8</sup> Social determinants of health, or the conditions in which people are born, grow, live, work, and age, extend beyond access to care and underlie the observed differences in outcomes across populations. These factors influence patient decision-making regarding their lifestyle and consequent health status, the bidirectional relationship with health care providers and the willingness of and feasibility for patients to accept treatment recommendations and requirements to achieve optimal surgical outcomes.<sup>9</sup>

To date, strategies to eliminate unequal surgical outcomes have focused on interventions centered on the surgical patient. During a 2015 summit convened by the American College of Surgeons and the National Institutes of Health, improving patient-clinician communications and fostering surgeon engagement in community outreach were identified as major priorities toward reducing health care disparities in surgery specifically.<sup>10</sup>

Community outreach has been shown to be a powerful tool for improving public knowledge of issues related to cancer care and decreasing disparities. Outreach creates accessible avenues of communication between providers and at-risk, often hard to reach, patient populations.<sup>11-13</sup> More specifically, partnerships between community organizations and medical centers have a unique and synergistic opportunity to target vulnerable populations.

In collaboration with the hospital's nationally recognized comprehensive cancer center, the medical student surgical interest group and surgical faculty developed a community outreach program to achieve the following specific aims: (1) to increase student engagement and awareness of the importance of surgeon involvement in community outreach; (2) to

gain insight into the beliefs of the local community regarding colon cancer screening and treatment; and (3) to identify opportunities for patient education and engagement in the understanding of colorectal cancer (the disease, prevention, and treatment) and other surgically treated cancers.

## Methods

### *Community context and collaboration*

The Hospital of the University of Pennsylvania, located in West Philadelphia, serves a population consisting of predominantly non-Hispanic Black/African-Americans (76.2% in West Philadelphia, 60.0% in Southwest Philadelphia).<sup>14</sup> Between 17% and 36% of the population is non-Hispanic white, and between 2% and 4% are Asian.<sup>14</sup> According to the 2012 Household Health Survey, colonoscopy and/or sigmoidoscopy rates in adults aged 50-74 y in the hospital's catchment area ranged from 59.4% to 82.9% (closest to the hospital).<sup>15</sup> The Abramson Cancer Center at the University of Pennsylvania had a history of sponsoring outreach programs within the local community using existing relationships with parishioners of several large local churches. These programs offered education and resources from mainly from nonphysician volunteers and at the time of our collaboration had just begun to involve a colorectal surgeon as a speaker in the program.

The Agnew Surgical Society is a medical student surgical interest group at the Perelman School of Medicine at the University of Pennsylvania. The goal of the group is to provide a link between surgical faculty and students, as well promote student interest in surgical careers. The University of Pennsylvania faculty are 69% male, 77% white, 3.5% African-American, and 14% Asian. As a means for generating community-conscious and socially and culturally sensitive future surgeons, in addition to changing public perceptions of cancer screening and treatment, leaders of the group had a vision to start building the foundation for community outreach in surgery by engaging the medical students in a collaborative project with the Abramson Cancer Center. Surgeons with expertise in cancer care and surgical residents were also recruited to participate in the community outreach program.

### *Development of the program*

The CLEAN approach to the development of a successful community outreach program was used.<sup>11</sup> The CLEAN framework consists of five elements: Culture, Literacy, Education, Assessment, and Networking and is meant to serve as a reminder that understanding and incorporating the cultural norms and literacy of the target community is central to ensuring maximal penetrance of educational information to

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