**Compendium Overview:  
University Health System**

**A Su Salud Colorectal Cancer Health Promotion Program**

The U.S. Preventive Services Task Force and the American Cancer Society recommend regular screening for early detection of colorectal cancer (CRC) and removal of precancerous polyps. But screening rates remain lower for people with low income and education, without health insurance, and of Hispanic ethnicity. University Health System, in San Antonio, Texas, created a culturally concordant navigation program to increase CRC screening rates in high-risk Hispanic men by eliminating financial, systemic, cultural, and personal barriers to care.

UHS’ intervention comprised four main components: no-cost screening colonoscopies; patient navigation; an open-access endoscopy clinic; and colonoscopy services provided by a bilingual, Mexican bicultural, male surgeon. The hospital also provided counseling, education, and diagnostic services, and delivered medication and roundtrip transportation to screenings.

From 2008 to 2010, UHS’ screening rate increased from 10 percent to 86 percent. Also, 395 men successfully completed screening colonoscopies and, of those, 37 percent had at least one polyp and 1 percent were diagnosed with cancer. The program also reduced per-screening costs by 23 percent.  
  
**Poster Content:**  
**University Health System**

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**Overview**

The U.S. Preventive Services Task Force and the American Cancer Society recommend regular screening for early detection of colorectal cancer (CRC) and removal of precancerous polyps. But screening rates remain lower for people with low income and education, without health insurance, and of Hispanic ethnicity. University Health System (UHS), in San Antonio, Texas, created a culturally concordant navigation program to increase CRC screening rates in high-risk Hispanic men by eliminating financial, systemic, cultural, and personal barriers to care.

**Problem Identified**

The U.S. Preventive Services Task Force and the American Cancer Society recommend regular screening for early detection of CRC and removal of precancerous polyps. Hispanics are more likely to be diagnosed with advanced-stage CRC than non-Hispanic whites; however, Hispanics have a lower probability of survival after CRC diagnosis when accounting for differences in age and stage. In spite of this probability, screening rates remain lower for people with low income and education, without health insurance, and of Hispanic ethnicity.

**Methods**

UHS’ intervention comprised four main components: no-cost screening colonoscopies; patient navigation; an open-access endoscopy clinic; and colonoscopy services provided by a bilingual, Mexican bicultural, male surgeon. The hospital also provided counseling, education, and diagnostic services, and delivered medication and roundtrip transportation to screenings. Participants were members of CareLink, UHS’ county financial assistance program for services received from a network of providers to subsidize eligible residents’ costs. Annual CareLink membership averages 60,000 individuals who are mostly Hispanic, with low income and low education.

**Engagement**

Cancer health is and will always remain a priority for the UHS board, leadership, and staff. UHS has a cancer committee that includes representatives from surgery, radiology, pathology, medical oncology, radiation oncology, pain/palliative care, orthopaedics, hospital administration, and other departments. The hospital also conducted qualitative research to obtain patient and family knowledge, behavior, attitudes, risk factors, and responses. It took the collective and coordinated actions of providers, policy makers, educators, and researchers to help reduce the burden of CRC.

**Results/Data**

From 2008 to 2010, UHS’ screening rate increased from 10 percent to 86 percent. In addition, 395 men successfully completed screening colonoscopies and, of those, 37 percent had at least one polyp and 1 percent were diagnosed with cancer. The program also reduced per-screening costs by 23 percent. Overall, 99.5 percent of patients strongly agreed that they received relevant, timely information and services in addition to high-quality, personalized care that removed cultural, family, and personal barriers to care. Most reported that they definitely or probably would not have completed their colonoscopy without navigation services.  
  
**Charts/Graphs:  
Please submit one or two high resolution charts or graphs that you would like included on your poster to Kristin Sinko at** [**ksinko@essentialhospitals.org**](mailto:ksinko@essentialhospitals.org) **no later than Wednesday, April 16.**