

INTRODUCTION

Lankenau Medical Center launched the Medical Student Health Advocates (MSA) Program in 2012 to address the impact of socioeconomic status and social determinants on health outcomes. Data show that publicly-insured patients are generally more disadvantaged in these areas compared to commercially-insured patients¹. The Colorectal Cancer Screening Initiative (CCSI), a partnership between MSAs and the Department of Health Equity's Community Health Worker (CHW) team, aims to improve colorectal cancer (CRC) screening rates among Medicaid and dual Medicare/Medicaid patients to narrow the gap between publicly-insured and commercially-insured patient populations.

METHODS

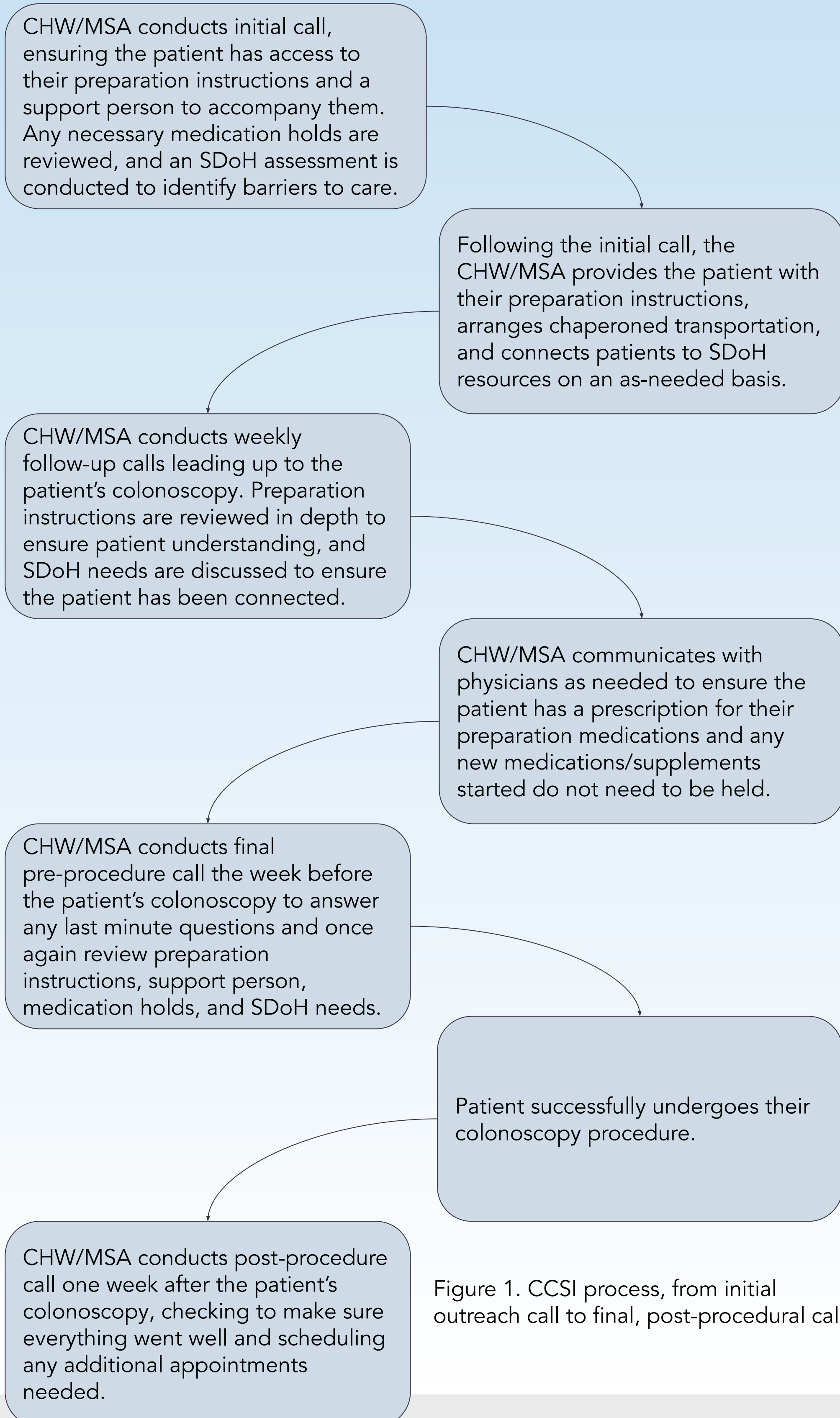


Figure 1. CCSI process, from initial outreach call to final, post-procedural call.

RESULTS

Following the first year of implementation of the CCSI, the rate of screening colonoscopies among Medicaid and dual Medicare/Medicaid patients at Lankenau Medical Center increased from roughly 48% to 68.89%, significantly improving preventive care for underserved populations. Data show gains across demographic groups. Future plans include subgroup analysis, program expansion, addressing common causes of reschedulings, cancellations, and no-shows, and optimizing processes for filling cancelled slots to reduce patient wait times.

Colonoscopy Completion Rate: First Year of CCSI

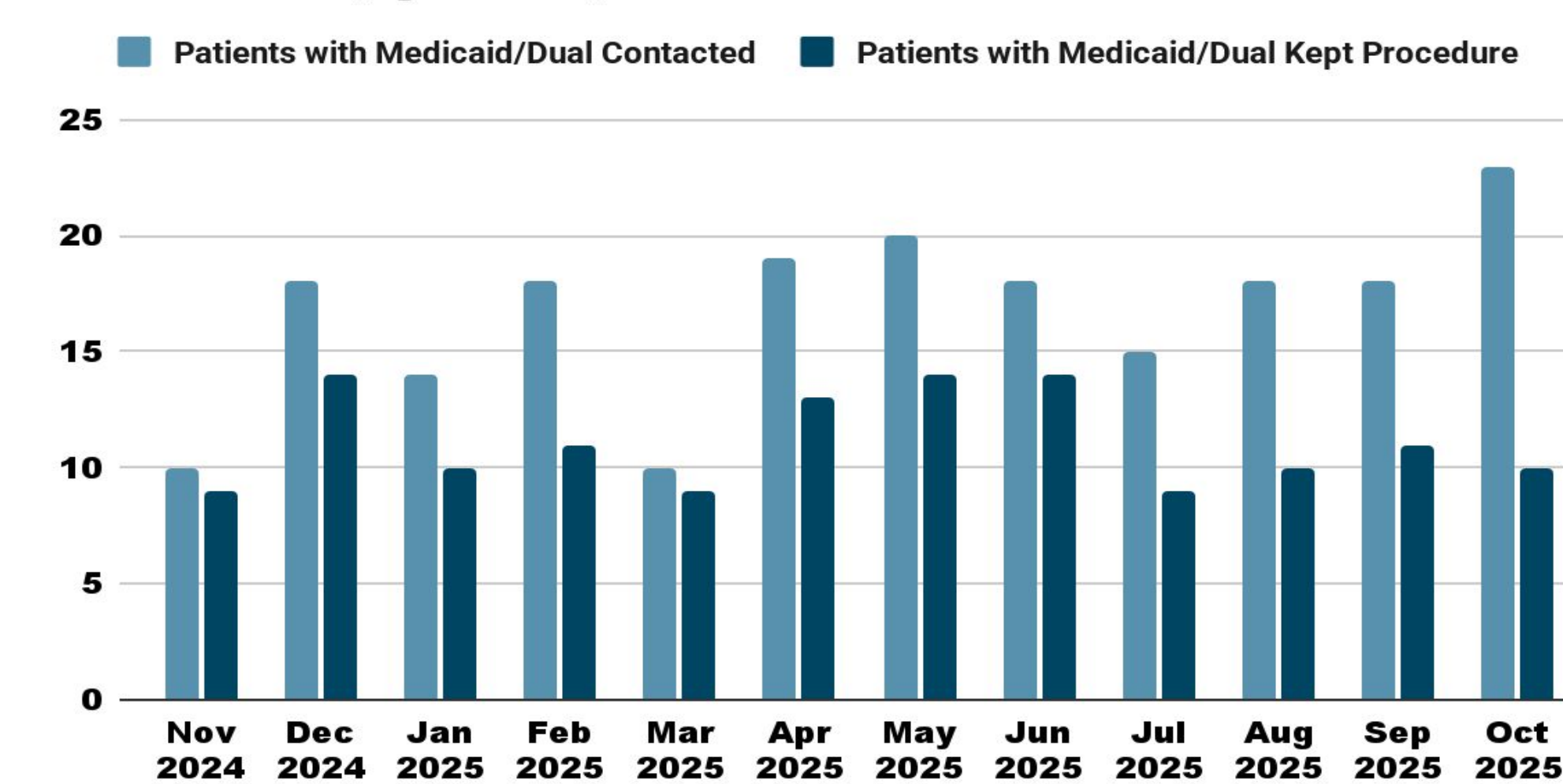


Figure 2. Bar graph of the colonoscopy completion rate of Medicaid/Dual insured patients contacted during the first year of the CCSI.

Dates	Patients Contacted	Colonoscopy Kept	Percentage Kept
Nov 2024	10	9	90.00%
Dec 2024	18	14	77.78%
Jan 2025	14	10	71.43%
Feb 2025	18	11	61.11%
Mar 2025	10	9	90.00%
Apr 2025	19	13	68.42%
May 2025	20	14	70.00%
Jun 2025	18	14	77.78%
Jul 2025	15	9	60.00%
Aug 2025	18	10	55.56%
Sep 2025	18	11	61.11%
Oct 2025	23	10	43.48%

Figure 3. Table of the percentage of Medicaid/Dual insured patients who successfully completed (kept) their colonoscopy appointment.

DISCUSSION

Despite consistent outreach through weekly follow-up calls, there was a decline in the average colonoscopy completion rate from 76.46% in the first six months of the CCSI to 61.32% in the following six months. The reasons for this decline have been documented more recently as part of the initiative, and are due to the following issues:

Issue Category	Description
Reschedulings, Cancellations, and No-Shows	Occur despite weekly follow-up calls.
Insurance Issues	Insurance lapses leading to postponements or cancellations.
Family Obligations	Caregiving needs or unexpected family responsibilities.
Unrelated Medical Events	Other health issues that prevent attending colonoscopy appointment.
Inadequate Bowel Preparation	Patient arrives but cannot undergo colonoscopy due to insufficient bowel preparation.
Medication-Related Issues	Patient arrives but cannot undergo colonoscopy due to failure to hold required medications.

The role of the CHW/MSA in the CCSI is not only to navigate patients to their colonoscopies, but also to support their social needs. Barriers to care are uncovered by completing SDoH screenings addressing primarily food insecurity, housing instability, transportation needs, and utility and prescription assistance. Patients identified as in need of assistance in any of these domains are sent resource referrals using Connection to Community, a site used to identify resources local to a patient's residence. Linking efforts to enhance CRC screening rates and address SDoH needs promotes overall community well-being.

The Multi-Level Impact of CHW/MSA in CCSI

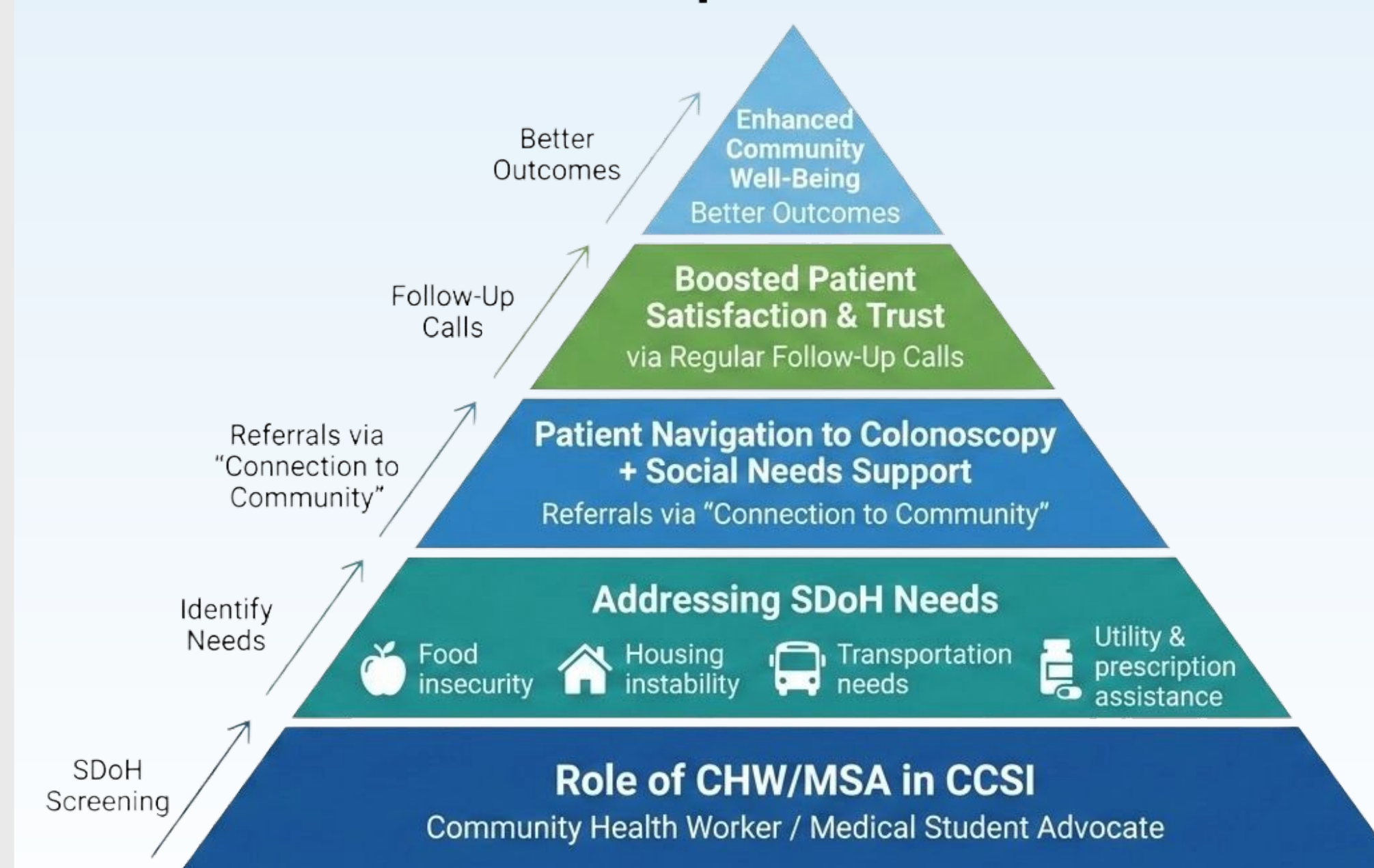


Figure 4. Diagram displaying the multi-level impact of the CHW/MSA in the CCSI, including both patient navigation and social needs aid.

CONCLUSION

This initiative demonstrates the value of patient advocacy and the critical role of non-physician team members like CHWs in supporting health maintenance. As a medical student and Health Equity Intern, I have gained insight into how these collaborations build patient trust, improve health literacy, and ultimately enhance outcomes. Completed CRC screening is associated with a 30-60% decrease in CRC incidence and mortality², highlighting the fact that initiatives like the CCSI are critical in optimizing patient outcomes.

REFERENCES

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- Zauber, A. G. (2015). The impact of screening on colorectal cancer mortality and incidence: Has it really made a difference? *Digestive Diseases and Sciences*, 60(3), 681–691. <https://doi.org/10.1007/s10620-015-3600-5>

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Figure 5. Lankenau Medical Center in Wynnewood, PA.