



PETER BAKER

Getting Into the Screening Habit

It is Jose DeJesus' job to get people to participate in cancer screenings. It is also his mission. A community health educator for the Smilow Screening & Prevention Program, DeJesus lost three uncles to prostate cancer.

"They didn't go to the doctor until the symptoms were overwhelming," he recalled. "They were at stage four when they were diagnosed."

Today DeJesus is preparing for a free prostate cancer screening event at Yale New Haven Hospital's St. Raphael Campus. He is spreading the word about the event all over greater New Haven -- and especially to his own cousins. "We are the poster children for risk," he told them.

"We're looking to detect cancers earlier, when they are more treatable," said Beth Jones, PhD, MPH, director of the program. The Smilow Screening & Prevention Program recently began with support from a National Cancer Institute grant. One of its initial goals was to have a large, community outreach event every month. But Dr. Jones noted that there have been five screening outreach events in the past 30 days.

The program also maintains a website with recommendations about screening as well as diet, smoking cessation, and other prevention strategies.

The program is designed to reach out to the whole region served by Yale Cancer Center, which includes all of Connecticut. Many screenings and educational events, however, target the areas "right outside our backdoor," Dr. Jones said, historically low-income, underserved neighborhoods.

DeJesus, born and raised in New Haven's Hill section, goes to community management team meetings--gatherings of neighborhood leaders--to provide information about the benefits of screening and to get the word out on the next event. The response has been "incredibly positive," he said.

Finances should not be a barrier to screening, says

DeJesus, as most of these tests are covered by insurance and hospital staff will even help uninsured people to find coverage. Even the parking is free at screening events. The task is really to convince people that screening is a good investment of time and energy.

"When you're struggling to put food on the table every day, those things kind of take the priority," DeJesus explained. "It's changing that mentality."

Events are designed to get people in the door, but they are not the end goal. "We want to create a community of habitual screeners," Dr. Jones explained. "Screening should take place in the context

of a primary care visit." Dr. Jones added that the electronic health record used throughout the Yale system offers prompts to let clinicians know when their patients are due for screenings. Smilow's current screening recommendations are also on the program's website: <https://yalecancercenter.org/screening/>

Recommendations about screening age and frequency can change, causing

follow-up after screenings than white women were. She is now exploring adherence to guidelines and follow-up among Latinas.

Screening and prevention often work hand in hand. The program is encouraging older smokers to be evaluated for lung cancer screening with a low dose CT scan. This form of screening has been shown to reduce deaths from lung cancer by

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confusion and sometimes controversy, said Dr. Jones. In fact, the program is hosting a symposium this fall for community physicians to discuss guidelines and reach consensus on some solid, evidence-based standards that apply to the patients they serve. But she acknowledges that there will always be variations based on individual risk factors -- and this underscores how important it is to do screenings through a primary care clinician who knows a patient's history.

A number of cancers are more common and particularly aggressive among racial and ethnic minorities -- making regular screening even more essential in these communities. Dr. Jones' research focuses on racial and ethnic disparities. She did a major study showing that African-American women were less likely to get appropriate

20 percent, according to Dr. Jones. By running the program in conjunction with the Smilow Tobacco Treatment Program, smokers who participate will also have the option of getting help with smoking cessation. Research shows that even longtime smokers -- including those already diagnosed with lung cancer -- can improve their health by quitting smoking.

Eventually, the program plans to add more community educators like DeJesus, because the opportunities are endless to help more people get timely screenings and adopt healthier lifestyles. But for today, DeJesus is satisfied with what he has accomplished. The prostate screening is all set for tomorrow, and three of his cousins have promised to be there after no small amount of convincing from him. "I'm relentless," he said with a smile. 

Jose DeJesus, Outreach Coordinator, and Beth Jones, PhD, MPH, Director, Smilow Screening & Prevention Program.