

ONE STOP CANCER SHOP

Executive Summary: One Stop Cancer Shop Community Event Report



Overview



The One Stop Cancer Shop community events held at Mount Calvary on September 28, 2024, and Nebraska Urban Indian Health (NUIHC) on October 26, 2024, provided critical cancer screening services to underserved populations in North and South Omaha. These events demonstrated the power of collaborative community outreach in reducing barriers to healthcare access and addressing health disparities.

The One Stop Cancer Shop event was an amazing collaborative effort between community organizations and an academic medical center. Key academic medical center participants were the UNMC College of Nursing, Nebraska Medicine, and the Fred and Pamela Buffett Cancer Center. Key community partners included the North Omaha Chapter AARP, Mt Calvary Community Church, Christ Love Unity Church, Church of the Living God Temple 33, North Omaha Area Health, My Sister’s Keeper, and the Nebraska Urban Indian Health Coalition.

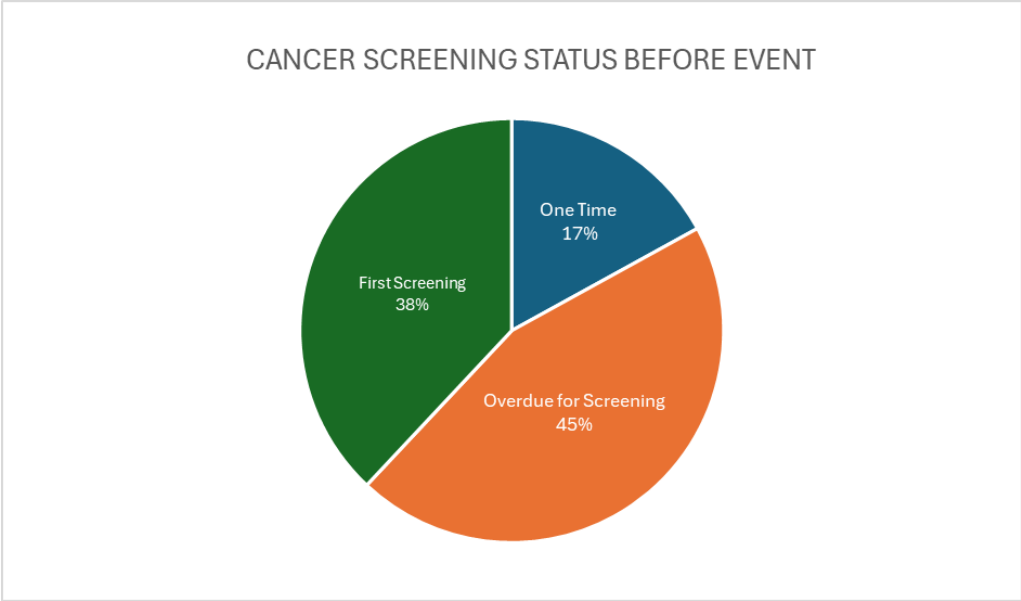
78 second year nursing students from UNMC College of Nursing – Omaha Division participated in this event as part of their population health course. They assisted with intake history and served as guides for the participants. They also staffed education tables. A student would typically spend 45 minutes to an hour with a participant. Preparation for the students included a panel discussion from community members who had experienced medical mistrust as well as a role-playing exercise created with input from the community organizations.



“I think this project helps to aid my knowledge and awareness of populations with less resources available to them. I think that it will help me to provide culturally competent care, and that I can become an even better nurse to underrepresented populations after my experience here.”

Key Metrics and Impact

- 1. **The OSCS engaged patients who were eligible for cancer screening.** Of the 139 attendees at both events, 38% (53 people) had never been screened for cancer and 44% (62 people) were overdue.



Total Screenings: 158: Mount Calvary (83), Urban Indian Health (75).
Screening Modalities:

- Colon Cancer (FIT): 55
- Prostate Cancer (PSA): 32
- Lung Cancer (LDCT): 24
- Breast Cancer (Mammogram): 47

Follow-up Diagnostic Testing: 17 participants required follow-up: Mount Calvary (11 people), Urban Indian Health (6 people).

Cancer Diagnosed: 1 lung cancer case detected.

Demographic Highlights:

- Significant participation from minority groups:
 - Mount Calvary: 77.5% Black/African American.
 - NUIHC: 42.6% Native American, 33.8% Hispanic/Latino.
- Many participants were uninsured:
 - Mount Calvary: 35.2%
 - NUIHC: 39.7%
- Many participants had income below 200% Federal Poverty Level
 - Mt Calvary: 3.5%
 - NUIHC: 52.9%

Barriers Addressed

- Addressed transportation limitations, insurance issues, and language barriers.
- Connected participants to financial and resource assistance programs.

Clinical and Community Collaboration

- **Clinical Staff Involvement:** 13 staff members, including radiology technologists, nurses, and interpreters.
- **Community Support:** 50 volunteers and partnerships with 25 community organizations and 19 churches.

Participant Feedback

- High satisfaction scores:
 - Overall satisfaction: 4.9 (Mount Calvary); 4.7 (Urban Indian Health) out of 5.
 - Educational offerings: 4.8 and 4.7, respectively.
- Key themes from feedback included improved understanding of health disparities and the need for cultural competence in healthcare.

Conclusion

The One Stop Cancer Shop events successfully addressed healthcare gaps for underserved populations in Omaha, fostering trust and improving access to cancer prevention resources. The collaborative model demonstrates the effectiveness of combining clinical expertise with community engagement, laying the groundwork for future outreach initiatives.

Full Report: One Stop Cancer Shop Community Events



Event Goals

1. Increase access to life-saving cancer screenings for underserved populations.
2. Address barriers such as transportation, insurance, and health literacy.
3. Build community trust in healthcare systems through culturally competent engagement.
4. Provide culturally competent training experiences to nursing students specifically addressing issues of medical mistrust.

“Looking back at this experience throughout my nursing career will allow me to take into account the patient’s experiences outside of the hospital so that I can provide the best empathetic and therapeutic care.”

1. Demographic Characteristics of Participants (including social determinants of health)

Demographics	Participants from Mount Calvary	Participants from Nebraska Urban Indian Health Coalition	Total Participants from Mount Calvary and Nebraska Urban Indian Health Coalition
Total Number	71	68	139
Sex			
Male	23 (32.4%)	25 (36.8%)	48 (34.5%)
Female	48 (67.6%)	43 (63.2%)	91 (65.4%)
Race/Ethnicity			

Demographics	Participants from Mount Calvary	Participants from Nebraska Urban Indian Health Coalition	Total Participants from Mount Calvary and Nebraska Urban Indian Health Coalition
White	13 (18.3%)	5 (7.4%)	18 (12.9%)
Black/African American	55 (77.5%)	8 (11.8%)	63 (45.3%)
Hispanic/Latino	0	23 (33.8%)	23 (16.5%)
Native American	1 (1.4%)	29 (42.6%)	30 (21.5%)
Other/Multiracial	2 (2.8%)	3 (4.4%)	5 (3.5%)
Age Groups			
Below 39	5 (7%)	14 (20.6%)	19 (13.6%)
40-49	16 (22.5%)	18 (26.5%)	34 (24.4%)
50-59	20 (28.2%)	14 (20.6%)	34 (24.4%)
60-69	22 (31.0%)	14 (20.6%)	36 (25.8%)
Above 70	8 (11.3%)	8 (11.8%)	16 (11.5%)
Social Determinants			
Below 200% Federal Poverty Level	38 (53.5%)	36 (52.9%)	74 (53.2%)
No Insurance	25 (35.2%)	27 (39.7%)	52 (37.4%)
Medicare	7 (9.9%)	4 (5.9%)	11 (7.9%)
Medicaid	13 (18.3%)	22 (32.4%)	35 (25.1%)
Private Insurance	16 (22.5%)	7 (10.3%)	23 (16.5%)
Did not respond	10 (14.1%)	29 (42.6%)	39 (28%)
Limited Transportation			
Primary Language Non-English	0	23 (33.8%)	23 (16.5%)
Zip Codes			
68102, 68105, 68106	0	9 (13.2%)	9 (6.4%)

Demographics	Participants from Mount Calvary	Participants from Nebraska Urban Indian Health Coalition	Total Participants from Mount Calvary and Nebraska Urban Indian Health Coalition
68104	16 (22.5%)	3 (4.4%)	19 (13.6%)
68107, 68108	0	23 (33.8%)	23 (16.5%)
68110	12 (16.9%)	2 (2.9%)	14 (10%)
68111	18 (25.4%)	5 (7.4%)	23 (16.5%)
68112	6 (8.5%)	2 (2.9%)	8 (5.7%)
68134	3 (4.2%)	0	3 (2.1%)
Other	16 (22.5%)	20 (29.4%)	36 (25.8%)
Participants who have never had cancer screening	23 (33%)	30 (44%)	53 (38.1%)
Screening was overdue per participant report	30 (42%)	32 (47%)	62 (44.6%)

2. Number of Participants Screened for Cancer

Cancer Screening	Participants from Mount Calvary	Participants from Nebraska Urban Indian Health Coalition	Total Participants from Mount Calvary and Urban Indian Health Coalition
Total Number	83 screenings	75 screenings	158 screenings
Colon Cancer (FIT)	30	25	55
Prostate Cancer (PSA)	18	14	32
Lung Cancer (LDCT)	12	12	24
Breast Cancer (Mammogram)	23	24	47

3. Number of Participants in Follow-up:

Need Diagnostic Testing	Participants from Mount Calvary	Participants from Nebraska Urban Indian Health Coalition	Total Participants from Mount Calvary and Nebraska Urban Indian Health
Total Number	11	6	17
Colon Cancer (FIT)	10 returned 30% return rate, All Normal	7 returned 29% return rate All Normal	17 returned 29.5% return rate All Normal
Prostate Cancer (PSA)	4 (yearly monitoring)	1 (yearly monitoring)	5 (yearly monitoring)
Lung Cancer (LDCT)	3 (6-month follow-up)	3	6
Breast Cancer (Mammogram)	4	2	6

Diagnosed with Cancer	Participants from Mount Calvary	Participants from Nebraska Urban Indian Health Coalition	Total Participants from Mount Calvary and Nebraska Urban Indian Health Coalition
Total Number	0	1	1
Colon Cancer	0	0	0
Prostate Cancer	N/A	N/A	N/A
Lung Cancer	0	1	1
Breast Cancer	N/A	N/A	N/A

Lost to Follow-up from Screenings	Participants from Mount Calvary	Participants from Nebraska Urban Indian Health Coalition	Total Participants from Mount Calvary and Nebraska Urban Indian Health Coalition
Total Number	2	1	3
Lung Cancer (LDCT)	0	0	0
Breast Cancer (Mammogram)	2	1	3

Total Clinical Staff Involved:

Type of Clinical Staff	Number
Providers (APPs/MDs)	1
Administration	0
Radiology Technologists	4
Nurses	2
Patient Financial Counselors	2
Access / Scheduling	2
Interpretive Services	2

4. Cost for Clinical Departments from Nebraska Medicine/Buffer Cancer Center

- Estimated Radiology Costs: \$ 12,500
- Estimated Access Costs: \$ 2,500
- Estimated Fleet Services Costs: \$500 (need to add in mileage)
- Estimated Interpretive Services Costs: \$ 450
- Estimated NM Nurse Navigation, APP and Case Managers Costs: \$3,500
- Estimated CON APP and Team Costs: \$ 2400
- Marketing and promotional materials: \$ 0
- Refreshments and meals for volunteers: \$

Total Clinical Costs: \$ 22,000. (NOTE: this does not include any leadership or MD time or any planning time. It also does not include time from community member work for 18 months before events including strategic planning, community conversations, community needs assessment, promotion and recruiting participants.)

Feedback from participants and students

1. Number of Community and Student Volunteers

Community: 25 organizations involved in North and South Omaha

- 19 churches
- 17 organizations had multiple events promoting One Stop Cancer Shop
- 50 volunteers including NM employees

Participant Feedback (88 participants)

Scale (1 Not Very Satisfied to 5 Very Satisfied)

	Mt Calvary (33 participants)	Nebraska Urban Indian Health (55 participants)
Satisfaction (Overall)	4.9	4.7
Student Consultation	4.87	4.7
Educational Offerings	4.8	4.7
Site of the Event	4.8	4.7

Student Feedback (74 students)

Scale (1 Not Very Satisfied to 5 Very Satisfied)

Overall, how satisfied were you with the educational preparation?	3.4
Overall, how satisfied were you with the consultation with community members?	4.1
Overall, how satisfied were you with the opportunity to provide education to the community members?	4.2
Overall, how satisfied were you with the site of the event?	4.1



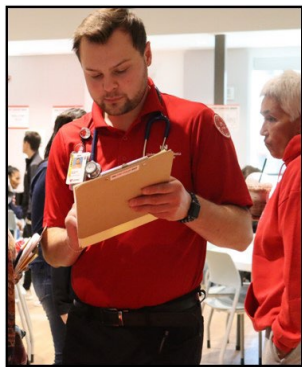
“Being part of the One Stop Cancer Shop opened my eyes to the possibility of organizing and effectively executing a community health screening at a relatively large scale. I will go forward with a deeper conviction of how vital effective communication is when mediating between the patient community and the healthcare environment.”

“How will this experience affect my future career as an RN?”

- The One Stop Cancer Shop will change my practice as a nurse to be very mindful of how I respond to patients because they look up to us and if we don't understand them and be an advocate for them, they will have healthcare mistrust. It is very important to avoid and try to be somebody that changes mistrust of patient with healthcare providers.



- This experience is much different than my previous experiences. I think this event was a great experience with understanding and interacting with this population. I now understand that communicating with a language barrier needs more time and simplicity to get the messages across.
- This will change how I practice as a nurse as the experience made me much more aware of the challenges that vulnerable populations experience and the need for resources such as the cancer screening event in communities. I think as a nurse I will be much more open-minded and empathetic after this experience.
- This will change my practice as I will be more aware of the thoughts and actions of people who come into the clinic. Those who wait to get help till the last minute may have had no choice due to no insurance coverage and having a family to feed at home. This is important to note when speaking with patients and creating a plan for them at discharge. You will never fully know their story but always be listening for when they find the courage and ability to tell someone.
- I will be more open to what challenges people face when walking into a patient's room and be more open and accepting.
- I will remember that everyone's story is different and that everyone deserves good health care despite their circumstances. This will allow me to be a good nurse with no judgement.
- It really helped me put myself in each one of their shoes.
- It has opened my eyes how crucial creating genuine rapport with your patient is. It is just as important as the care you provide.



- I will try to judge less when people appear to not have taken good care of themselves. You never know what someone's situation and history with the field of medicine has been.

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