Impact of Informational Video on Lung Cancer Screening (LCS) Perception Among Rural Veterans

Norah N. Zaza, MD; Eduardo Lopez-Gutierrez BA; Dominic J. Vitello MD; Jessica Gardner BS; Thanh-Huyen T Vu, MD PhD; Sayyed Hamidi MD; Israel Rubinstein MD; Howard S. Gordon MD; David J. Bentrem MD

Jesse Brown VA Medical Center, Department of Surgery, Northwestern University Feinberg School of Medicine

Background

- Lung cancer is the leading cause of cancer related mortality in the United States.
- Rural populations have higher smoking rates, increased lung cancer incidence and per capita lung cancer mortality. Delays in diagnosis may play a role in increased mortality rates
- There are significant geographic, transportation, and communication barriers for rural populations.
- The need for patient education in conjunction with the shortage of health educators, especially in rural settings, has led to the utilization of informational videos

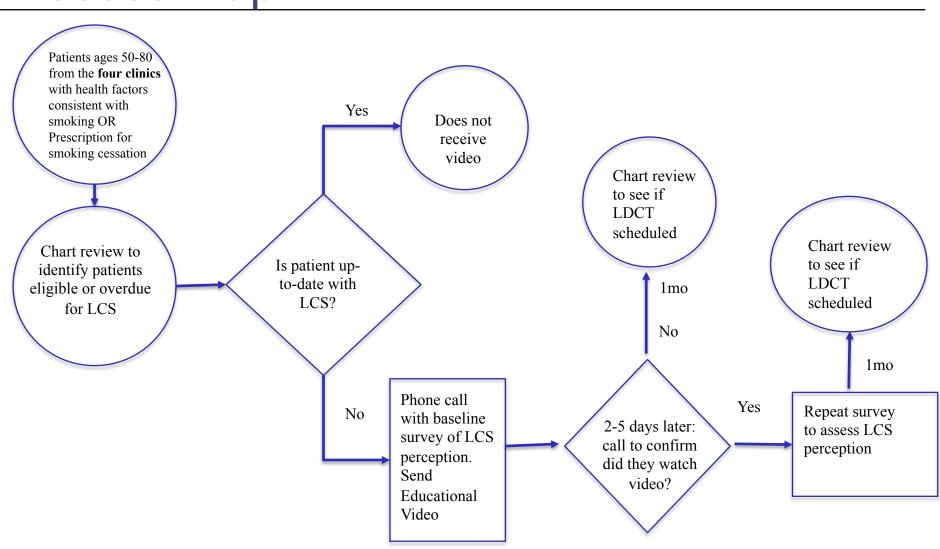
Research Objectives

We conducted a pilot program to assess the impact of the informational video and the effect of telephone outreach on rural Veterans' perception of LCS and their likelihood of engaging in LCS.

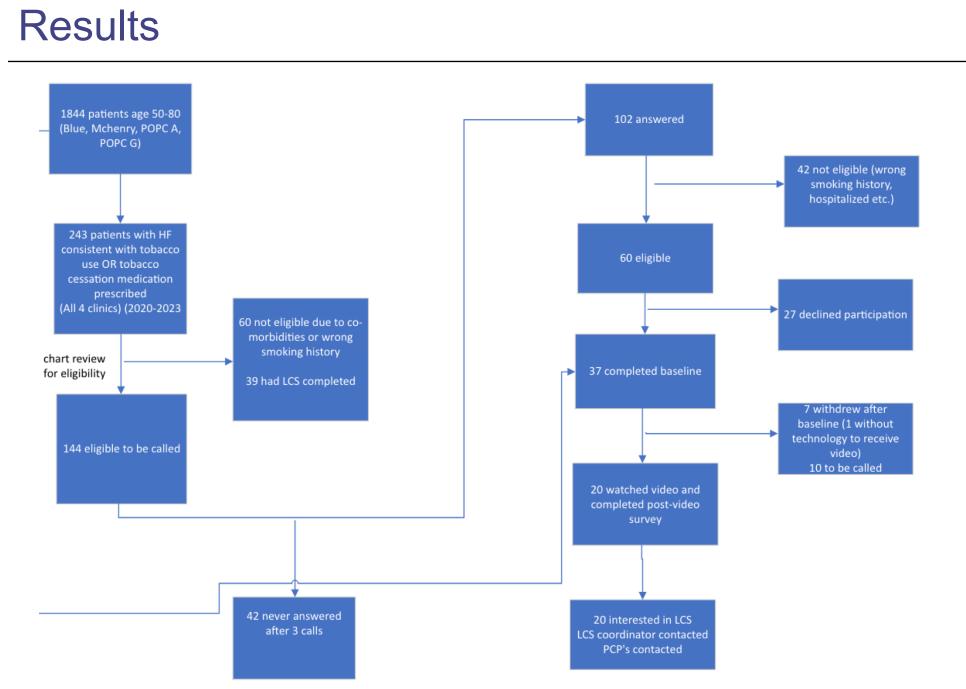
Methods

- The Veterans Health Administration Corporate Data Warehouse was crosssectionally queried for Veterans who met USPSTF criteria for LCS from four northern Illinois rural VA clinics.
- Eligible Veterans were then given a pre-video survey to assess psychological state of readiness, perceived benefit of LCS against perceived barriers, and likelihood of participating in LCS - developed with the Expanded Health Belief Model (HBM) framework
- Thereafter, they were sent an informational video and participated in a post-video survey
- **Outcome Metric(s)**: % of ordered and completed LDCT scans among eligible patients
- **Process Metric(s):** survey results, # of patients who viewed the video

Process Map:







Survey Results and Video Reviews

	Std Dev	
Variable Mean		P value*
Pre-Video Barriers 10.00	1.93	
Post-Video Barriers9.19	2.10	
Difference -0.81	1.11	0.008
Pre-Video Benefits 9.94	1.53	
Post-Video Benefits 9.75	1.57	
Difference -0.19	1.05	>0.05
Pre-Video Self-Efficacy 13.13	1.86	
Post-Video Self-Efficacy 13.25	1.77	
Difference 0.13	0.96	>0.05
Pre-Video Severity 6.31	0.70	
Post-Video Severity 6.50	0.89	0.0-
Difference 0.19	0.66	>0.05
	0.00	
Pre-Video Susceptibility2.94Dest Video Susceptibility2.25	0.68	
Post-Video Susceptibility3.25Difference0.21	0.58	0.062
Difference 0.31	0.48	0.063

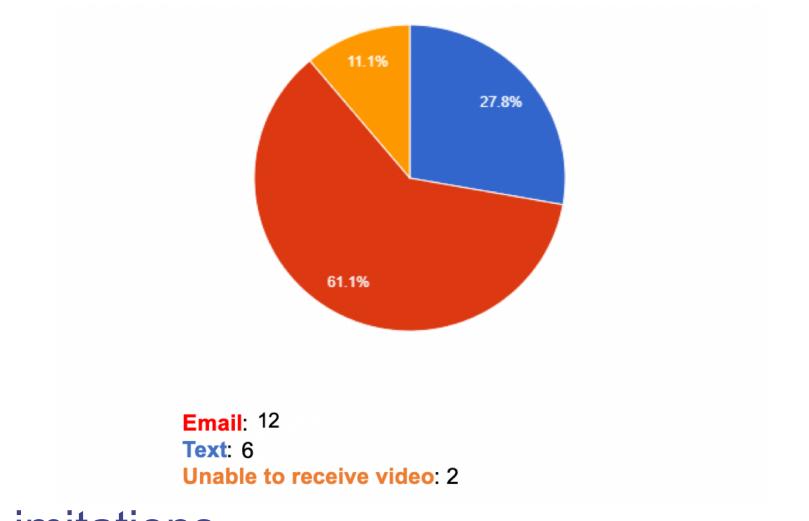
I guess it kind of brings it to your attention"

> I think I learned a little bit but I knew most of it.'

"the video was great, it was very simple and explained why someone might need one, want to have one, what to do with those results.



Method of Receiving Video



Limitations

- The study is limited by sampling bias; we may have been sampling a group of veterans more engaged with their health, with a greater baseline knowledge of Lung Cancer and the benefits of screening, given that participation is voluntary
- The inconsistent charting of patient's smoking history was another limitation that may have led to missed eligibility.
- Our results are preliminary and reflect a small sample size. •

Conclusions

- Our findings showed that viewing an educational video about LCS led to decreased perception of barriers to lung cancer screening.
- One hundred percent of patients who received the video and participated in the survey expressed interest in LCS, and the appropriate providers were contacted.
- The video did not affect their perception of Lung Cancer susceptibility and seriousness, or their perception of LCS benefits and self-efficacy.
- The project did however highlight the value of outreach in care coordination of rural populations.
- It also provided feedback on the video itself as a tool for LCS education in rural populations, with generally positive reviews.
- Will follow-up with the 20 eligible patients to assess how many have LCS ordered and completed.