Black Americans are more likely to get colorectal cancer — and even more likely to die from the disease — than any other racial or ethnic group in the United States. And while Black people experience health disparities across a host of diseases, colorectal cancer is largely preventable through screening. Furthermore, at-home stool testing kits — which take just a few minutes to administer and don’t require colon prep or a visit to the doctor’s office — are as valid a form of screening as a colonoscopy for many people.

That was the premise behind a unique community-based campaign that Penn Medicine joined this year with WURD 900 AM, Philadelphia’s Black-owned and -operated talk radio station, and other organizations to provide free fecal immunochemical testing (FIT) kits and follow-up support to Philadelphia residents. At-home testing kits use a stool sample collected by the patient to test for blood, which can be a sign of polyps or cancer in the colon or rectum. For people without additional risk factors, the at-home kits can be as effective as a colonoscopy in preventing cancer if done every year. Participating in the WURD campaign was part of a multi-year campaign by Penn Medicine to raise colorectal cancer screening rates — and follow-up care — starting with getting at-home testing kits to more community members. Other Penn Medicine-involved efforts included drive-through fairs where testing kits were handed out, and mailed-home kits for Penn Medicine patients in targeted zip codes.

For the WURD campaign, Akinbowale Oyalowo, MD, MSHP, a gastroenterologist at Penn Presbyterian Medical Center (PPMC) and assistant professor of Gastroenterology at Perelman School of Medicine (PSM), worked with the Colorectal Cancer Alliance to pay for the rest. Foundation covered the cost of kits for anyone with that insurance who determined if they met the criteria for at-home testing or should have a colonoscopy instead. He also appeared on a panel during the “Evening WURDS” show, one of several events the station organized to promote the “Go to Know” campaign. Listeners were directed to a website where they could register for a kit. “It’s like online shopping, but instead of buying a gift for yourself or someone else, it’s a gift for your health,” Oyalowo said. After listeners registered for the kits, they were contacted by a patient navigator from the Colorectal Cancer Alliance to determine if they met the criteria for at-home testing or should have a colonoscopy instead. The Independence Blue Cross Foundation covered the cost of kits for anyone with that insurance and the Colorectal Cancer Alliance paid for the rest.

“WURD’s role was critical in reaching Black Philadelphians,” said Oyalowo, who has a research interest in increasing colorectal cancer screenings, particularly in vulnerable populations and in community-based settings. “We have a responsibility to be invested in the health of our residents,” he said. “If you want a community-based intervention to not only have a higher chance of succeeding, but have a higher chance of being a durable, long-term intervention, it needs to be in cooperation with leaders and individuals in that community.”

Founded by a Black physician, WURD has a track record of getting community members involved in public health campaigns. The station played a critical role in getting more than 10,000 Black participants enrolled in a study by Penn’s Scheie Eye Institute to understand glaucoma, which affects Black people at five times the rate of whites. With the colon cancer campaign, the station leaders believed that “even if we just reach one person and change the trajectory of their life this would be a success,” said Sara Lomax-Reese, WURD’s president and CEO and daughter of the founder. “When you execute a health education campaign in an environment where people are predisposed to trust and believe there will be Black people who are experts to further break it down and explain it, that eliminates the barrier of distrust.”

The WURD campaign ran from March through October. As of early October, 145 kits had been distributed and about 18 percent of people were identified as either having symptoms or colon cancer risk factors; for these patients, colonoscopy was advised. Countless others learned about the disease and how to prevent it. “I think it has been a large success. In the research literature, there aren’t many papers that describe this kind of direct outreach for cancer screening,” Oyalowo said. “With interventions to increase cancer screenings, you need interventions at different levels. Some are short-term, some are long-term, some are structural, some are more individual-focused. And you really do need all of them in conjunction to move those numbers.”
FIRST DAYS ON THE JOB

This fall, 10 members of the United States Navy joined the Penn Presbyterian Medical Center (PPMC) trauma division in a unique three-year partnership to broaden military clinicians’ experience in a trauma setting between deployments. We checked in with two of them to hear about their first weeks on the job.

What were the first cases you saw?
My first day, I saw two strokes, two gunshot wounds, and one STEMI (acute ST-elevation myocardial infarction, the deadliest type of heart attack). The next day was no different except for the fact that it seemed busier. I saw more gunshot wounds (including a bedside thoracotomy), strokes, and drug overdoses.

What are you most looking forward to learning here?
I am looking forward to learning everything it takes to be a great trauma nurse. Additionally, being a great trauma nurse also entails being a great leader. I plan on joining various nursing committees at Penn to see if there is anything I can contribute from my military experiences. After only being here for a few weeks, I can’t help but feel so welcomed and so lucky to be chosen to be part of this program.

What’s on your Philadelphia to-do list?
I love running, so I have researched some trails that take me through City Hall, the Art Museum, and of course the Rocky Steps. The biggest thing on my to-do list is to find out, once and for all, who has the best cheesesteak!

How did you spend your first days at Presby?
The team in the operating room is extremely inviting and very knowledgeable so I have been learning a lot about how they operate. My focus since arriving has been understanding how Presby operates. This is the third hospital I’ve worked in; everywhere has their quirks and differences and I want to make sure I adapt properly.

What drew you to trauma care?
The most fulfilling days of my career in health care have been when I was supporting patients in critical need. I want to help to the best of my abilities, and hopefully those abilities get better by being here.

Have you gotten to explore the area at all?
Outside of work, I have been enjoying Fishtown, Chinatown, and Center City. I plan on eating at all the pizza shops in the Philadelphia area to find the best one! I also want to attend a couple of Eagles games and hopefully the Navy vs. Army game here in Philadelphia.

*Yes, you read that correctly: Corpsman Nguyen’s first name really is Navy! He was named for his grandfather’s occupation — his grandfather served in the Republic of Vietnam Navy.

Lieutenant Hyun Kyoung Na, RN
EMERGENCY MEDICINE NURSE

Hospital Corpsman
Second Class Navy* Nguyen
SURGICAL TECHNOLOGIST

I GOT THE SHOT (TIMES TWO!)

Staff from across Penn Medicine get vaccinated against the flu every year, and this year, many staff added COVID-19 boosters to protect our patients and communities. The annual flu campaign runs through 11/21. While the COVID boosters are not required currently, the Centers for Disease Control and Prevention have ruled that they are recommended for healthcare workers six months after their second injection.

Every month, PPMC staff members who embody Service, Teamwork, Achievement, and Respect are named Presby STARs. In addition to earning recognition from their colleagues, these outstanding all-stars also receive a certificate from CEO Michele Volpe and a $100 award. The nominees exemplify the many ways that employees go “above and beyond” to assist and comfort patients and family members during stressful situations.

For example, when a patient couldn’t remember where his car was parked after being brought to the hospital by a fire and rescue crew, Ashley Hathaway, RN, did everything she could to help even though she wasn’t the patient’s primary nurse. With limited information, she called around to different fire stations until she located the patient’s car.

Food Services Manager Jennifer Snyder was also recognized for her dedication on the job, where she is often seen assisting patients and visitors to get their meal and safely get to their tables to enjoy their selections, a colleague noted. She is willing to step in “whenever and whenever needed.”

Brenda Musier-Harley, a patient transporter, earned the devotion of a patient who had just had a hip replacement and was unable to purchase her medication. Musier-Harley took it upon herself to pay $75 for the medicine and refused to accept the money back from the patient’s husband, saying she would take nothing more than a thank-you.

Thank you to all of our STARs for your unwavering commitment and compassion. You are an inspiration to your patients, colleagues, and community!