



Use of Evidence-Based Interventions to Address Disparities in Colorectal Cancer Screening

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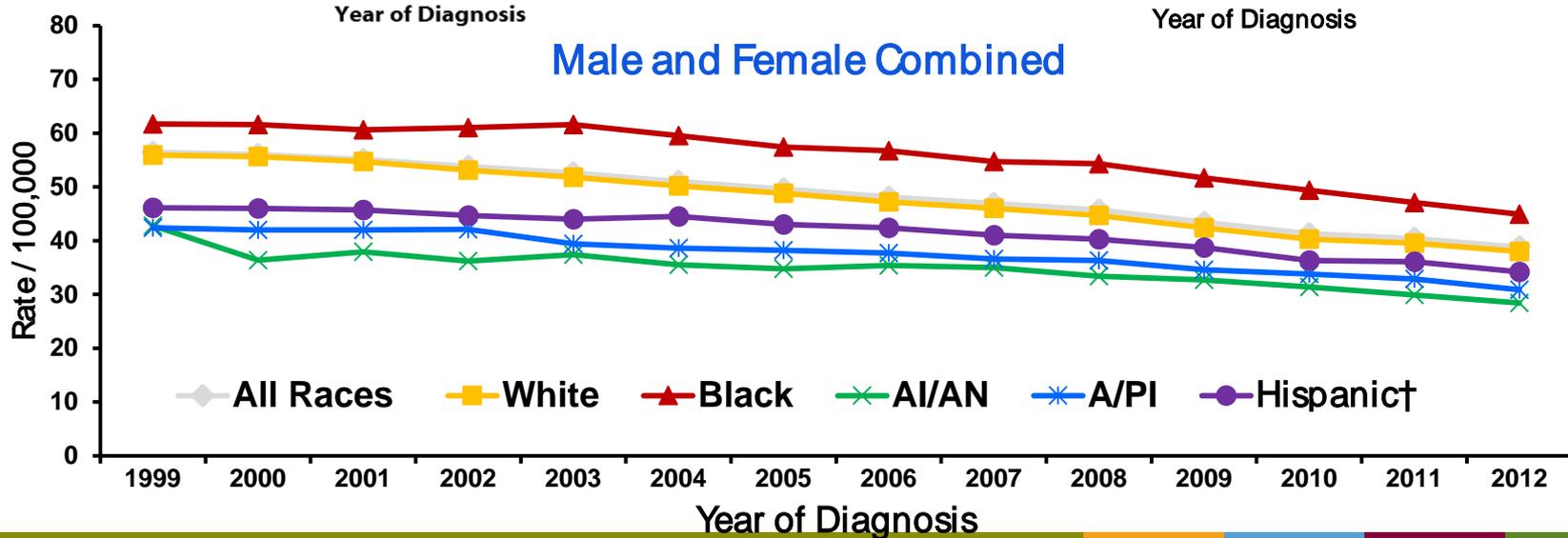
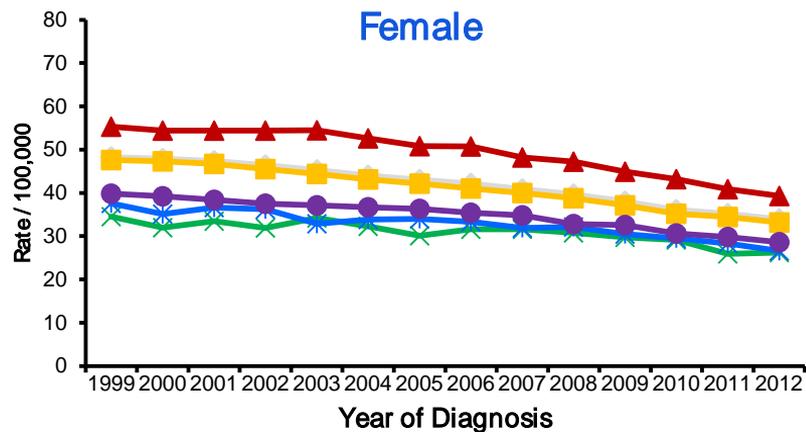
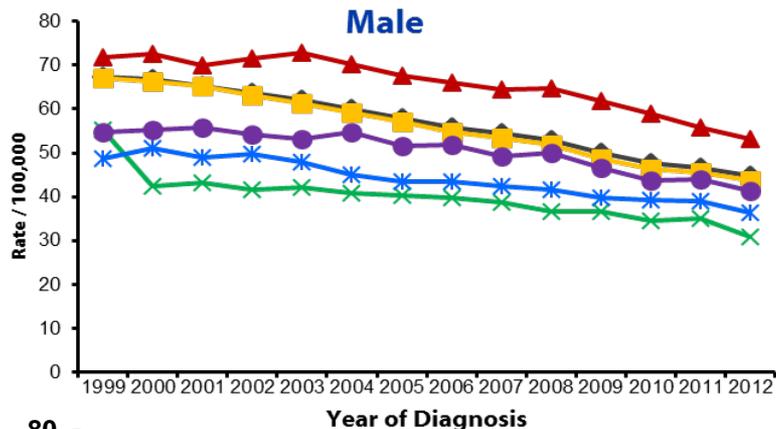
Division of Cancer Prevention and Control

Colorectal Cancer in the U.S.

- Of cancers that affect both men and women:
 - 3rd most common cancer
 - 2nd most common cause cancer death

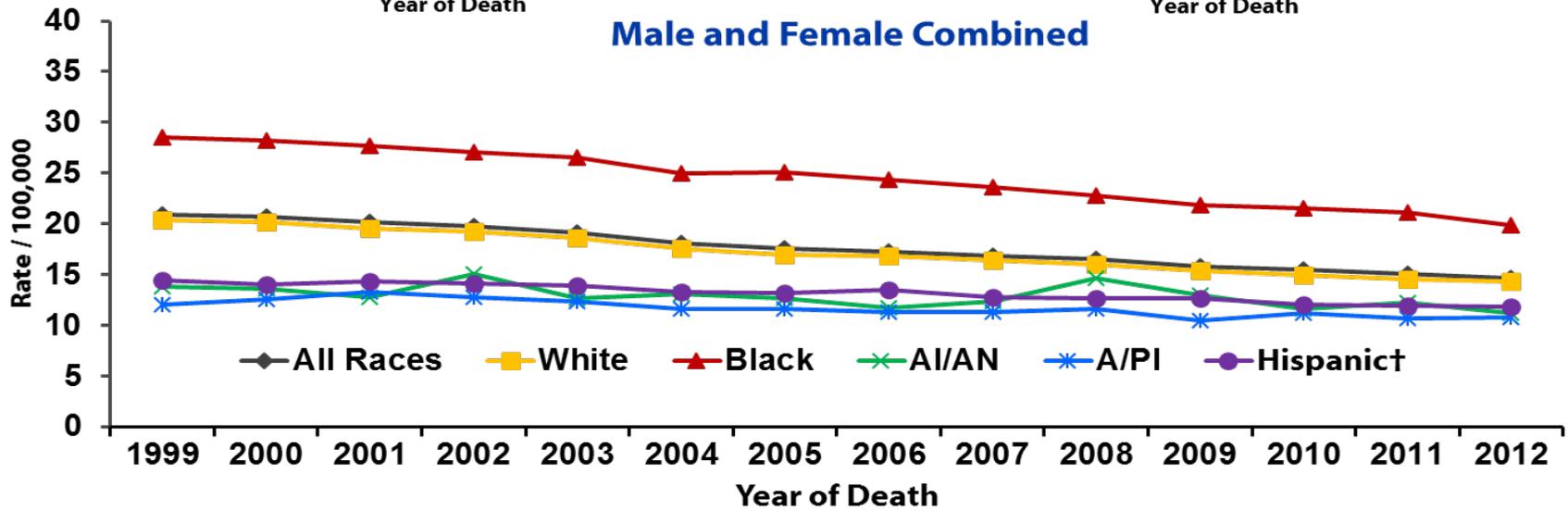
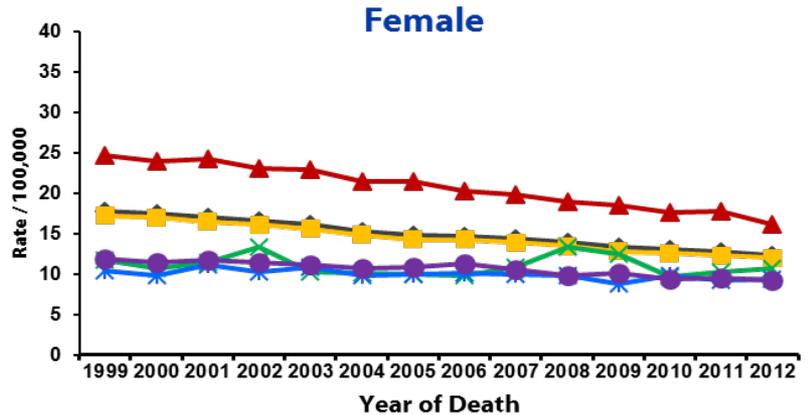
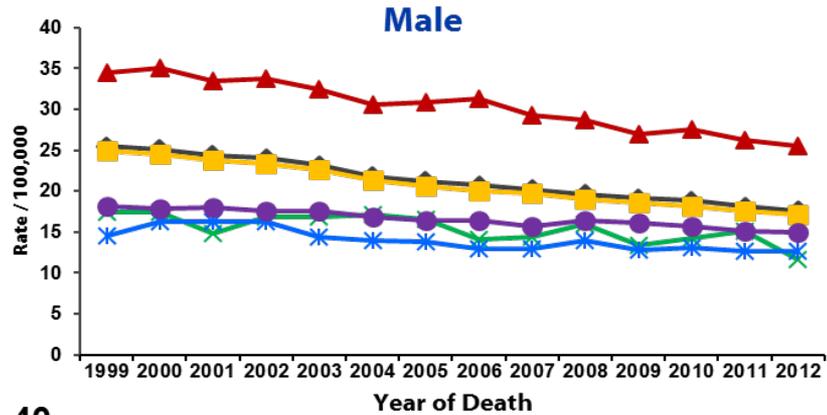
- In 2012
 - 134,784 new cases
 - 51,516 deaths

Colorectal Cancer Incidence Rates, By Race, Ethnicity, United States, 1999–2012

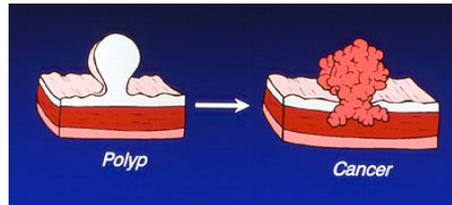


All Races
 White
 Black
 AI/AN
 A/PI
 Hispanic

Colorectal Cancer Death Rates, By Race, Ethnicity, United States, 1999–2012



Natural History of Colorectal Cancer



How Colorectal Cancer Screening Works

Screening tests are performed *before* a person has symptoms

- To detect a disease or disease precursor which may be present but silent
- To prevent or more effectively treat the disease

Colorectal Cancer Screening = Prevention & Early Detection

Prevention (polyp removal)



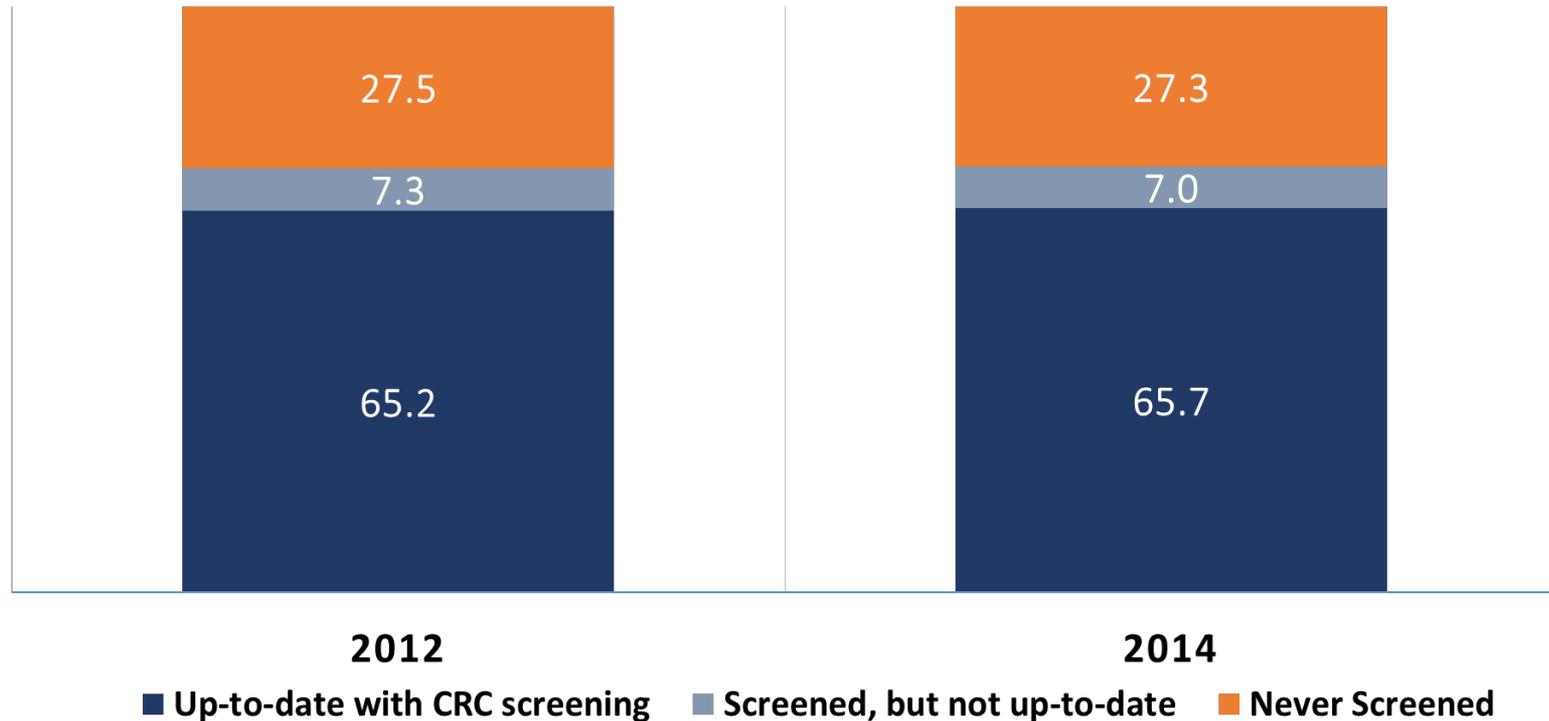
Decreased Incidence

Early Detection

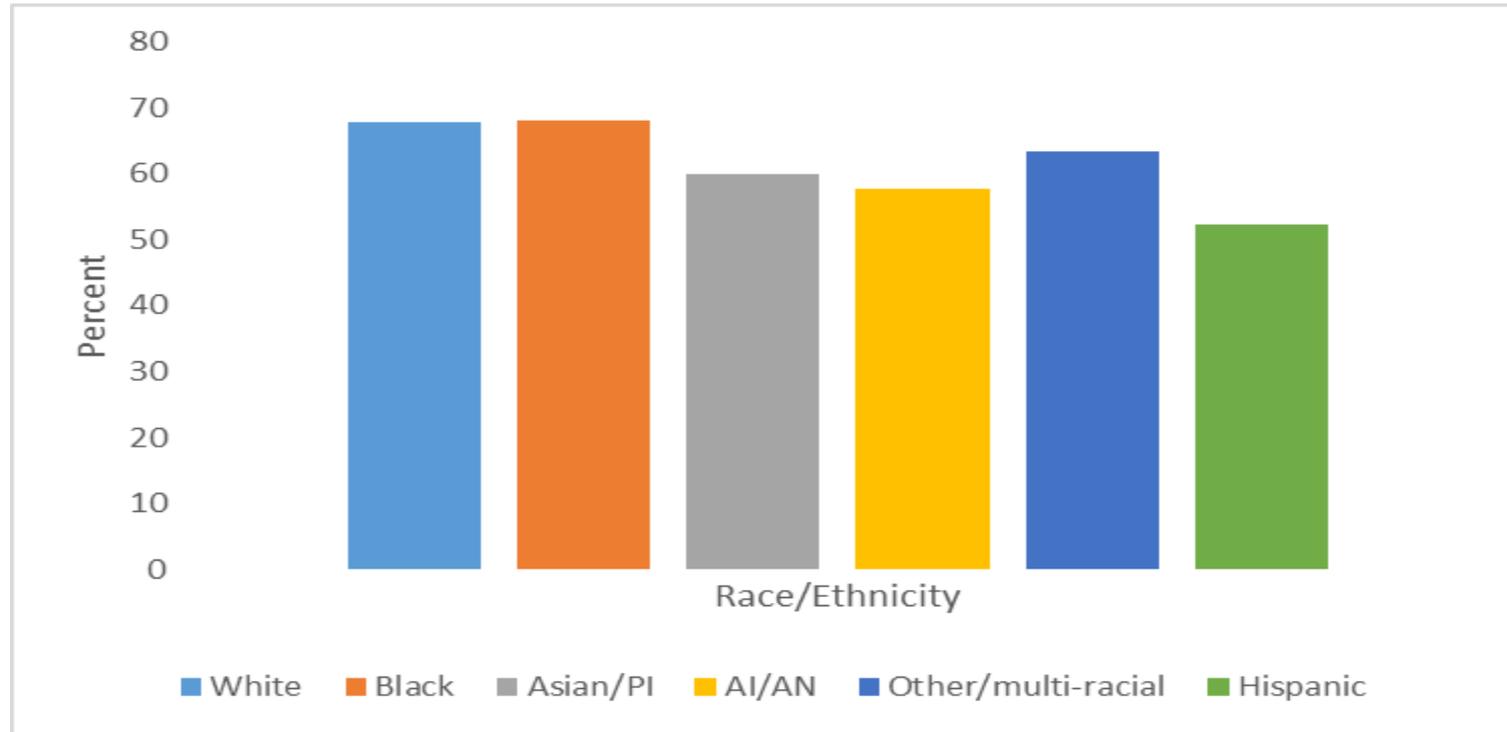


Decreased mortality

Colorectal Cancer Screening, Adults aged 50-75 years



CRC screening, Adults aged 50-75 years

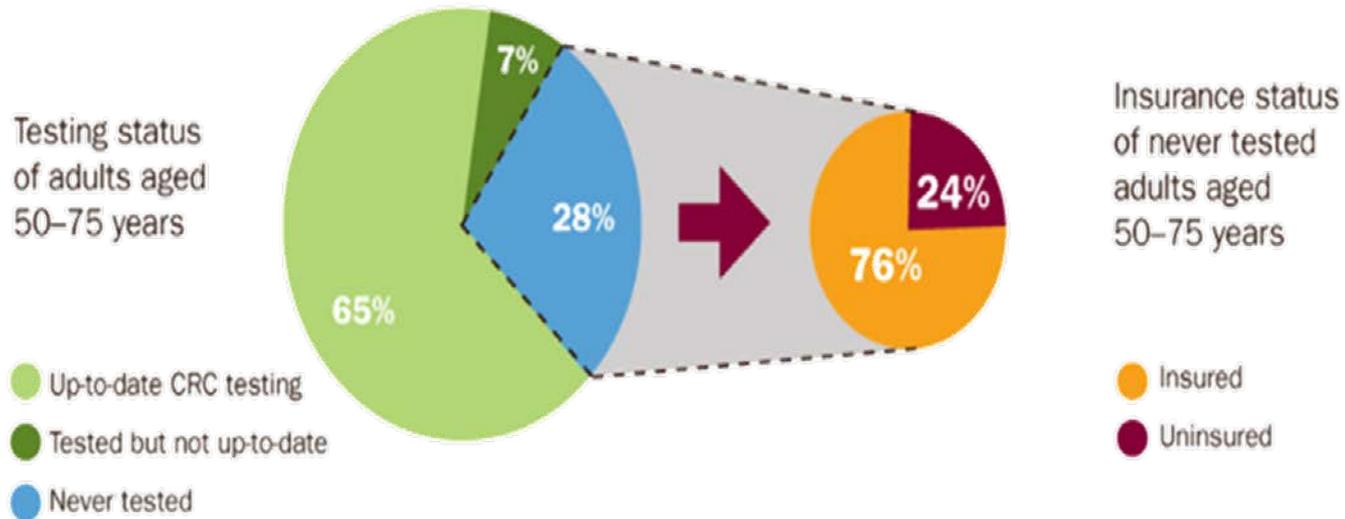


Behavioral Risk Factor Surveillance System (BRFSS), 2014

Factors Associated with CRC Screening

- Race/ethnicity
 - Health insurance status
 - Annual household income
 - Education
 - Regular health care provider
 - Age
- 

Insurance Status and CRC Screening



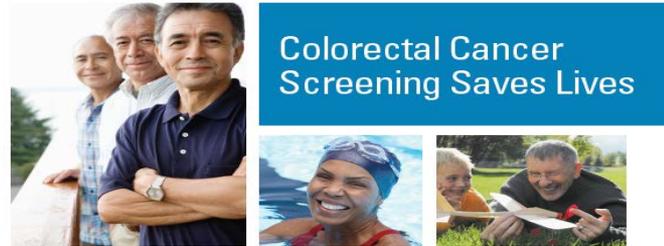


Colorectal Cancer Control Program

Funded by the Centers for Disease Control and Prevention

Goals

- Increase high-quality CRC screening among persons 50 years and older to 80% by 2014.
- Reduce disparities in CRC burden, screening and access to care.



Colorectal cancer is the second leading cancer killer—
but it doesn't have to be.



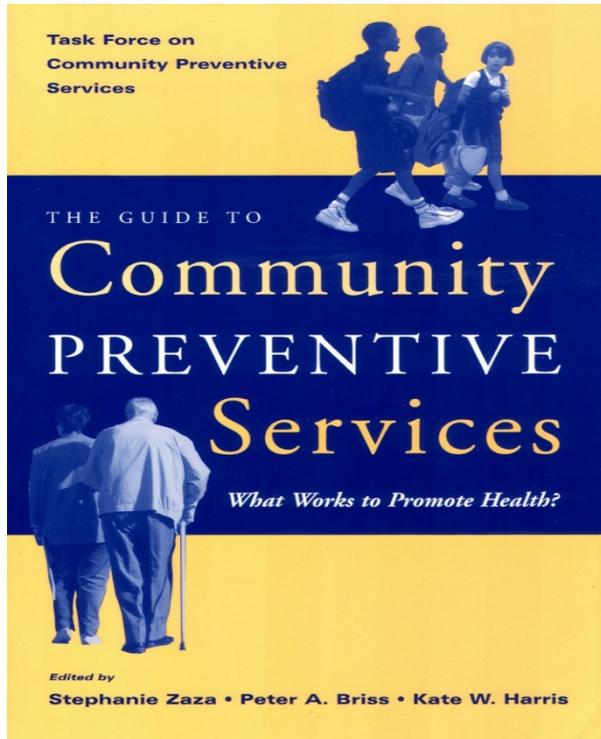


Colorectal Cancer Control Program

Funded by the Centers for Disease Control and Prevention

- Two Components
 - Provision of direct CRC screening services
 - Promotion of CRC screening

Promoting CRC Screening



- **Implement evidence-based interventions (EBIs)**
 - Client reminders
 - Small media
 - Reduce structural barriers
 - Provider reminders
 - Provider assessment and feedback
- **Patient navigation**

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Summary

Colorectal cancer (CRC) is the second leading cause of cancer death among cancers that affect both men and women. Despite strong evidence of their effectiveness, CRC screening tests are underused. Racial/ethnic minority groups, persons without insurance, those with lower educational attainment, and those with lower household income levels have lower rates of CRC screening. Since 2009, CDC's Colorectal Cancer Control Program (CRCCP) has supported state health departments and tribal organizations in implementing evidence-based interventions (EBIs) to increase use of CRC screening tests among their populations. This report highlights the successful implementation of EBIs to address disparities by two CRCCP grantees: the Alaska Native Tribal Health Consortium (ANTHC) and Washington State's Breast, Cervical, and Colon Health Program (BCCHP). ANTHC partnered with regional tribal health organizations in the Alaska Tribal Health System to implement provider and client reminders and use patient navigators to increase CRC screening rates among Alaska Native populations. BCCHP identified patient care coordinators in each clinic who coordinated staff training on CRC screening and integrated client and provider reminder systems. In both the Alaska and Washington programs, instituting provider reminder systems, client reminder systems, or both was facilitated by use of electronic health record systems. Using multicomponent interventions in a single clinical site or facility can support more organized screening programs and potentially result in greater increases in screening rates than relying on a single strategy. Organized screening systems have an explicit policy for screening, a defined target population, a team responsible for implementation of the screening program, and a quality assurance structure. Although CRC screening rates in the United States have increased steadily over the past decade, this increase has not been seen equally across all populations. Increasing the use of EBIs, such as those described in this report, in health care clinics and systems that serve populations with lower CRC screening rates could substantially increase CRC screening rates.

- **Alaska Native Tribal Health Consortium (ANTHC)**
- **Washington State Breast, Cervical, and Colon Health Program (BCCHP)**

Alaska Native populations

- Highest incidence CRC in U.S. among all racial/ethnic groups
- Mortality rate nearly twice that of whites
- Low CRC screening rates

ANTHC

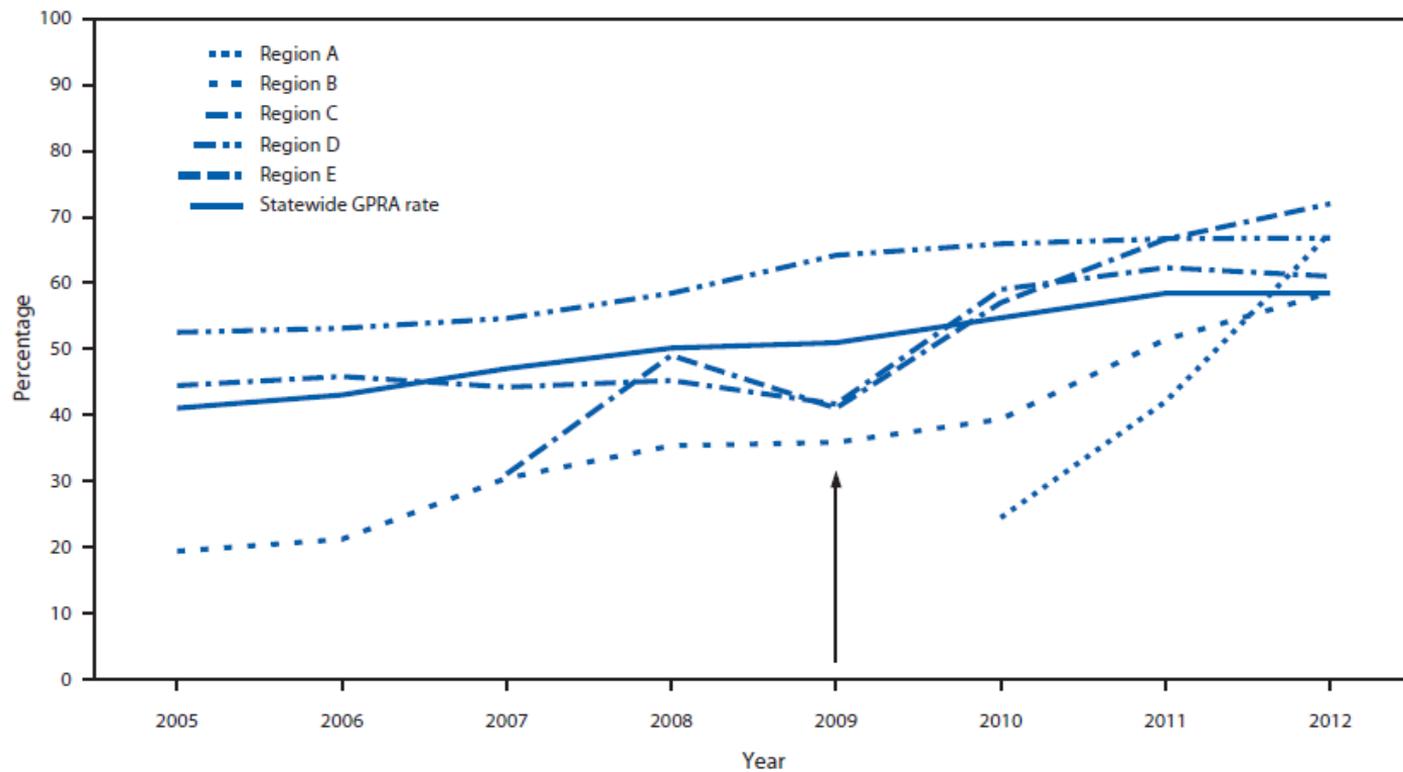
- Statewide, nonprofit, health services organization
- Owned and managed by Alaska Native populations
- Provides health services to members of the 229 federally recognized tribes in Alaska
- Alaska Tribal Health System
 - ~143,000 American Indian/Alaska Native
 - Village-based clinics
 - Regional hospitals
 - Alaska Native Medical Center

ANTHC CRCCP

- **Partnered with**
 - ANMC
 - 5 regional THOs
 - 40,224
- **Implemented**
 - Provider reminders
 - Patient navigation



FIGURE 1. Percentage of American Indian/Alaska Native adults aged 51–80 years who were up-to-date* with colorectal cancer screening, by region† and year§ — Alaska, 2005–2012



Washington

- Public Health Seattle & King County
 - HealthPoint
 - Network of 14 nonprofit community health centers
 - Health services to uninsured, low-income
 - Large racial/ethnic minority population
 - Patient Care Coordinators
 - 7 participating clinics
 - Electronic Health Records (EHRs)
 - Fecal Immunochemical Tests (FITs)

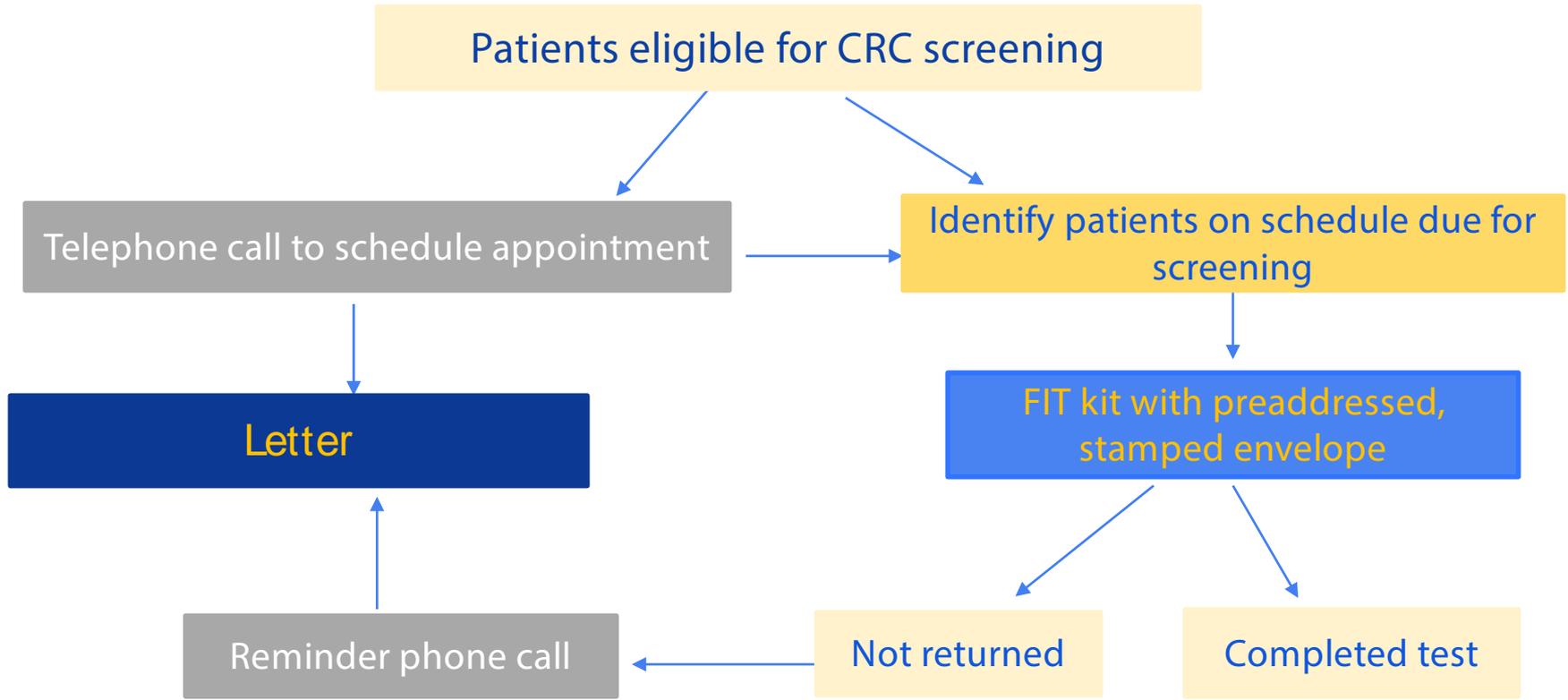
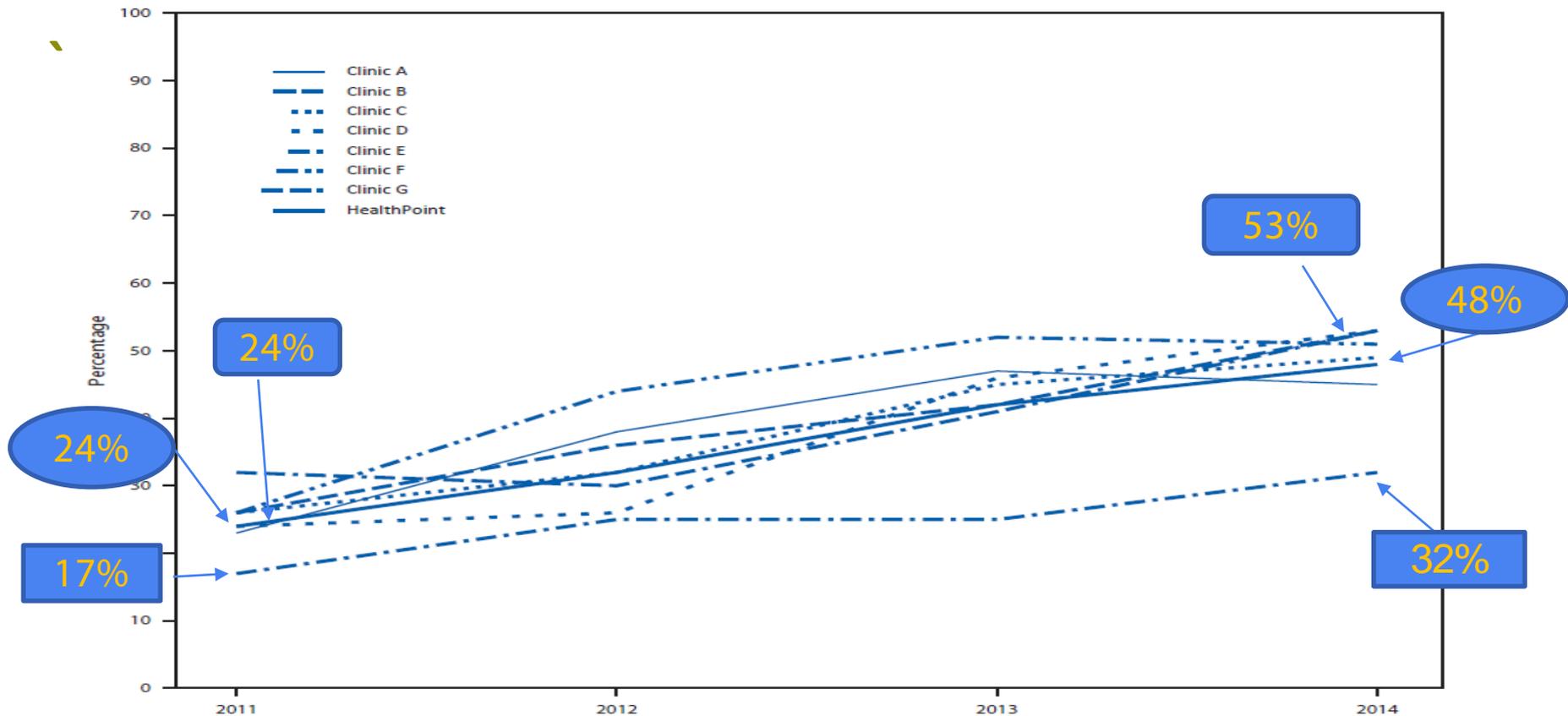


FIGURE 2. Percentage of adults aged 50–75 years served by HealthPoint clinics who were up-to-date* with colorectal cancer screening, by clinic — Washington, 2011–2014†



Conclusions

- EBIs....
 - Work
 - But not in the same way in every setting
 - And not with the same intensity
 - Can be applied to different populations
 - May work better in multiples
- Resources matter
- EHRs are critical
 - But messy

Thank You

Questions?

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