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

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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

Male

Female

Male and Female Combined

Rate / 100,000

Year of Diagnosis

Rate / 100,000

Year of Diagnosis

Rate / 100,000

Year of Diagnosis

All Races  White  Black  Al/AN  A/PI  Hispanic†
Natural History of Colorectal Cancer
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

Behavioral Risk Factor Surveillance System (BRFSS), 2012 and 2014
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

- Up-to-date CRC testing: 65%
- Tested but not up-to-date: 28%
- Never tested: 7%

Insurance status of never tested adults aged 50–75 years:
- Insured: 24%
- Uninsured: 76%
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.
CRCCP State Grantees and Tribal Grantees Funded 2009–2015

* - 1 Tribal Grantee in Washington State, *** - 3 Tribal Grantees in Alaska
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
- 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)
 Patients eligible for CRC screening

Letter

- Telephone call to schedule appointment
- Reminder phone call

Identify patients on schedule due for screening

FIT kit with preaddressed, stamped envelope

- Not returned
- Completed test
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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