

Welcome

Office for State, Tribal, Local and Territorial Support
presents . . .

CDC Vital Signs **Colorectal Cancer Screening Saves Lives**

November 12, 2013

2:00–3:00 pm (EST)



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

Agenda

2:00 pm	Welcome & Introductions	Dan Baden, MD Associate Director for External Partner Outreach and Connectivity, Office for State, Tribal, Local and Territorial Support, CDC
2:04 pm	Presentations	Commander Djenaba A. Joseph, MD, MPH Medical Director, Colorectal Cancer Control Program, National Center for Chronic Disease Prevention and Health Promotion, CDC Felisha Dickey, MSW, MPA Program Director, Florida Colorectal Cancer Control Program, Florida Department of Health
2:30 pm	Q&A and Discussion	Dan Baden, MD
2:55 pm	Wrap-up	
3:00 pm	End of Call	



Vital^{CDC}**signs**[™] Teleconference
to support STLT efforts and build
momentum around the monthly
release of *CDC Vital Signs*



***Vital Signs* Town Hall Teleconference Colorectal Cancer Screening Test Use United States, 2012**

Djenaba A. Joseph, MD, MPH

CDR, US Public Health Service

Medical Director, Colorectal Cancer Control Program

November 12, 2013

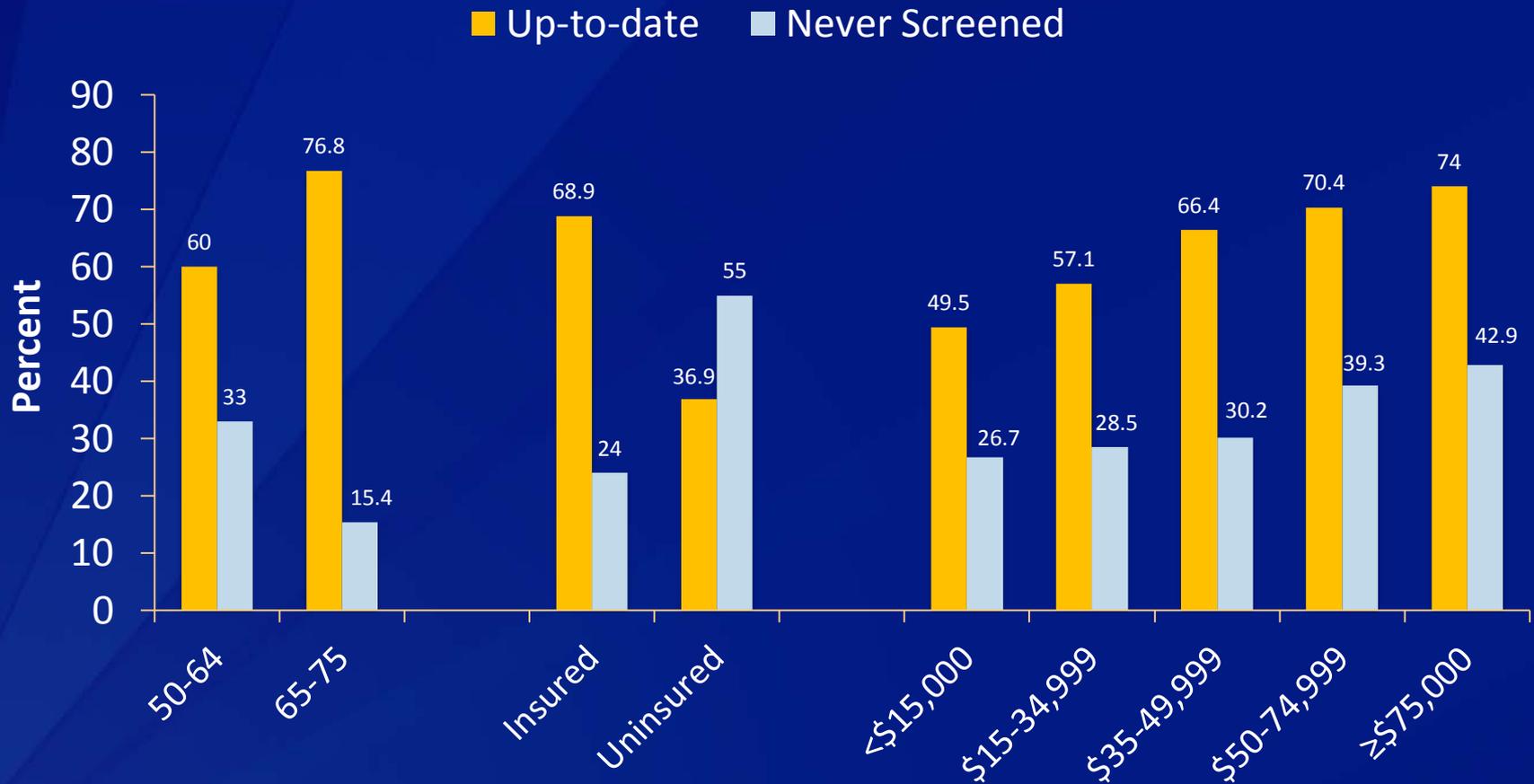
Colorectal Cancer (CRC) Screening

- ❑ CRC is second most common cause of cancer deaths among cancers that affect both men and women
- ❑ Strong evidence CRC screening reduces incidence and mortality
- ❑ The US Preventive Services Task Force recommends 3 tests
 - High sensitivity guaiac fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually
 - Colonoscopy every 10 years
 - Sigmoidoscopy every 5 years with FOBT/FIT every 3 years
- ❑ **No one test has been proven to be superior**

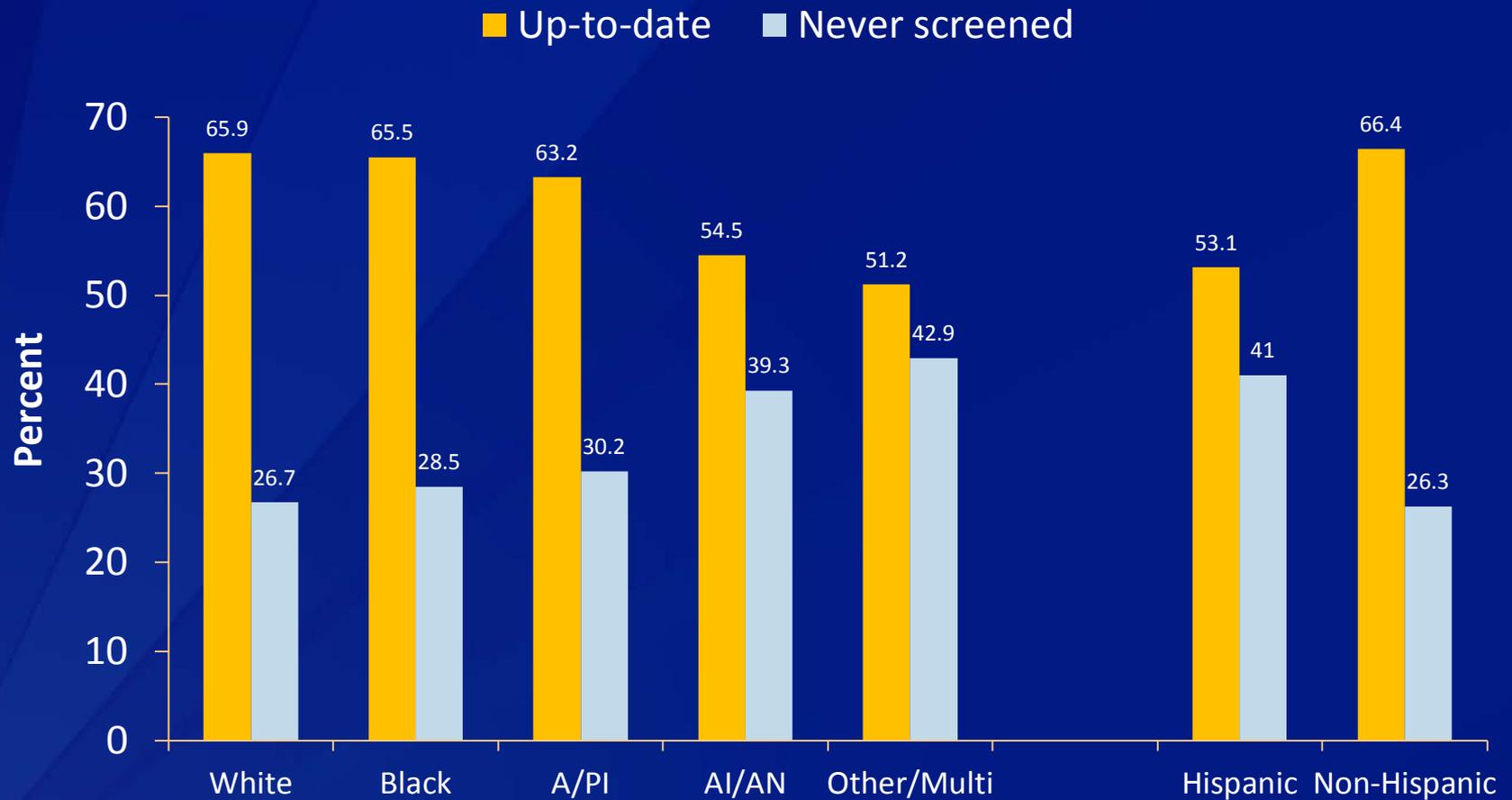
Methods

- ❑ 2012 Behavioral Risk Factor Surveillance System (BRFSS)
- ❑ Adults aged 50–75 years
- ❑ Analyzed percentage
 - Up-to-date with CRC screening
 - FOBT/FIT within 1 year and/or colonoscopy within 10 years and/or sigmoidoscopy within 5 years with FOBT/FIT within 3 years
 - Screened, but not up to date
 - Never screened
 - By test

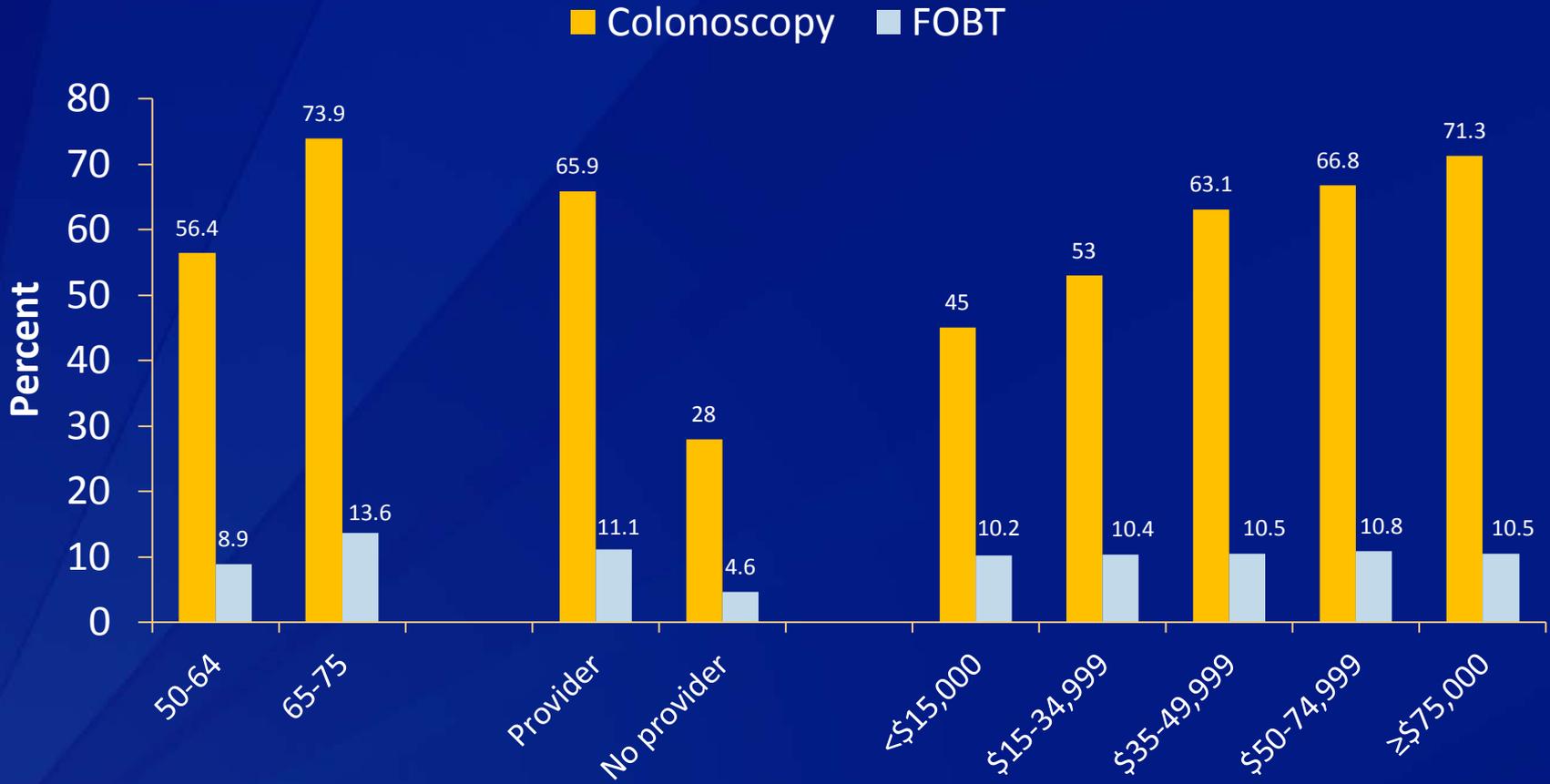
Screening Status by Age, Insurance Status, and Income



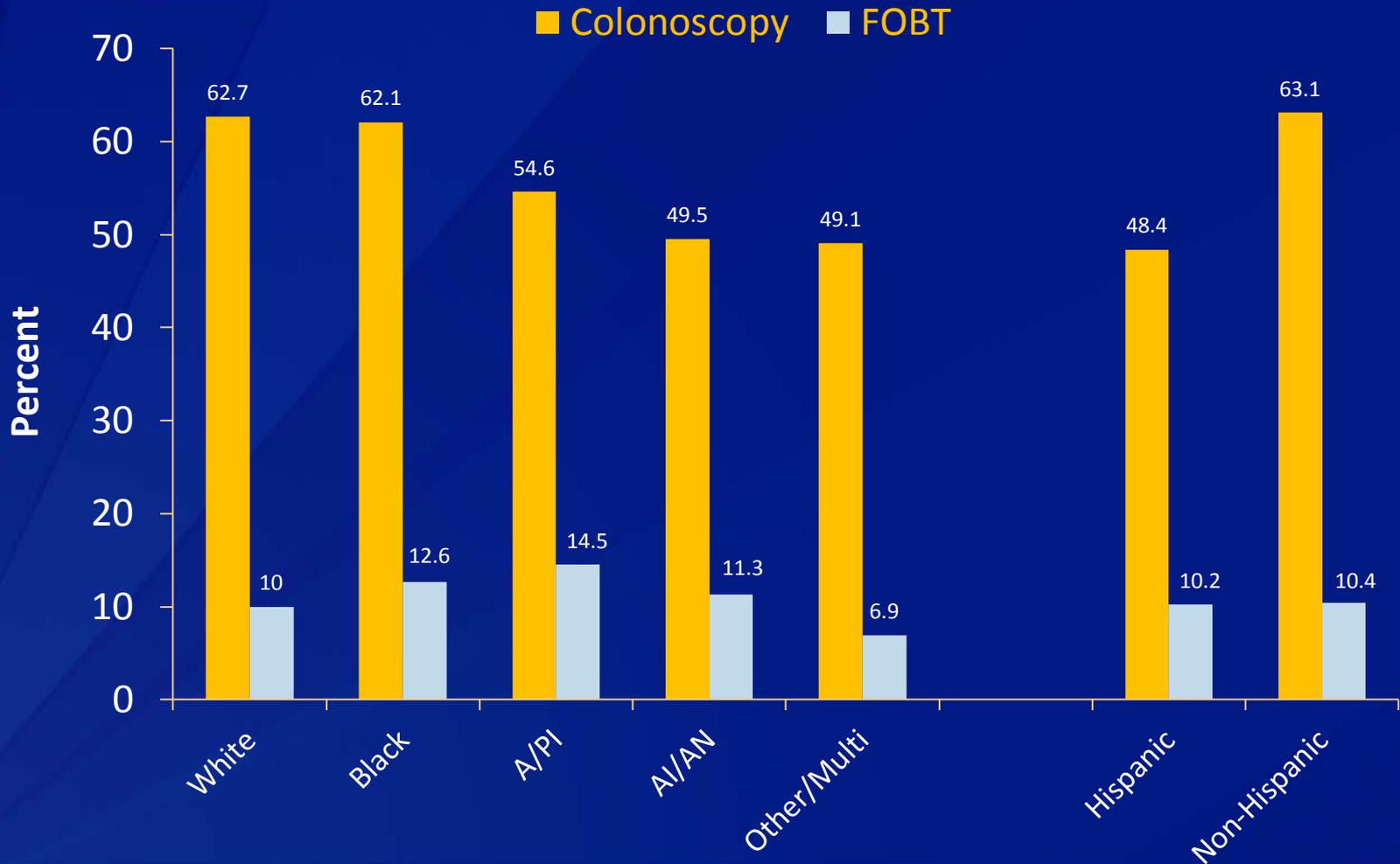
Screening Status by Race and Ethnicity

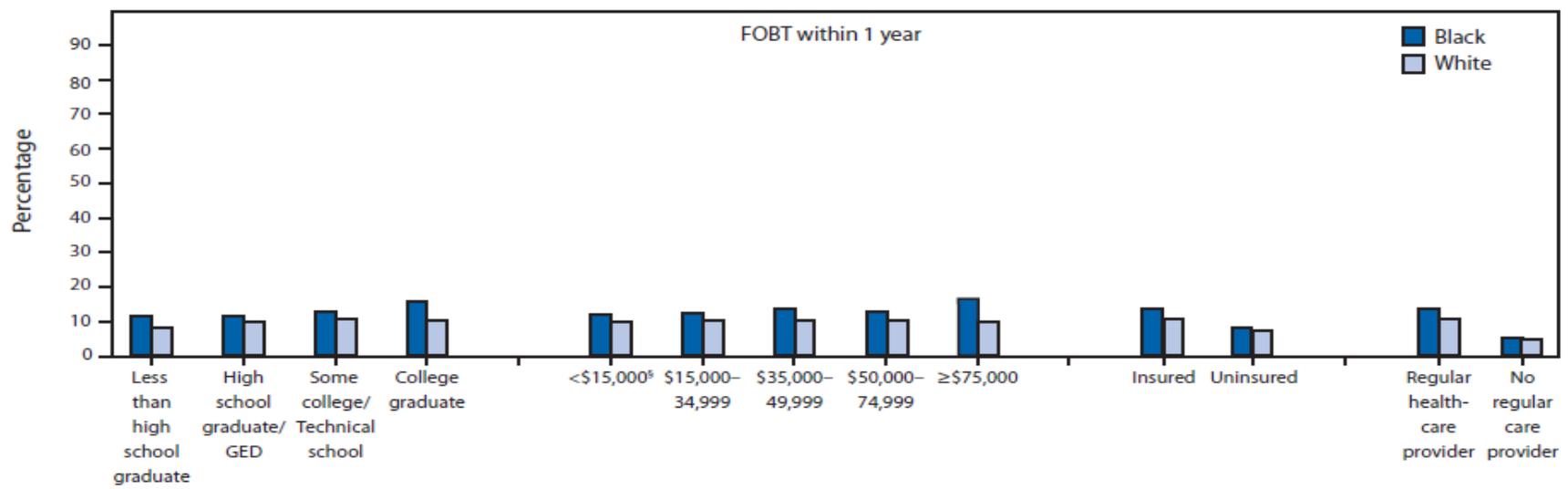
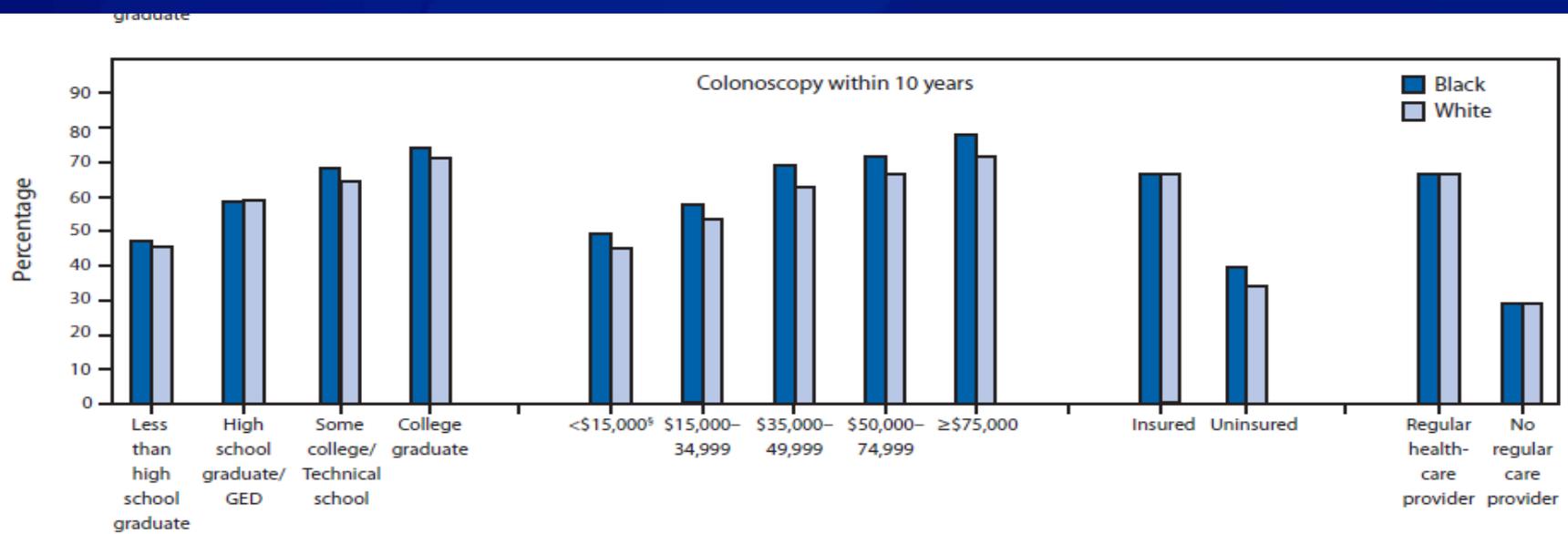


Test Type by Age, Provider Status, and Income



Test Type by Race and Ethnicity





CRC Test Use by State

- ❑ Up-to-date
 - Range 55.7%–76.3%
- ❑ Colonoscopy
 - Range 53.4%–73.7%
- ❑ FOBT
 - Range 3.4%–20.2%
- ❑ All states
 - Sigmoidoscopy with FOBT <3%
 - Percentage of population colonoscopy within 10 years >53%

Discussion

- ❑ Many providers believe colonoscopy is the best test
- ❑ Patients have preferences for particular CRC screening tests
- ❑ CRC screening rates could increase if
 - Recommended screening tests are offered
 - Patients are matched with test they prefer
- ❑ Health insurance ≠ screening
 - Of the 28% never screened, 76% actually have insurance
- ❑ Organized screening systems are needed

Thank you
dajoseph@cdc.gov

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



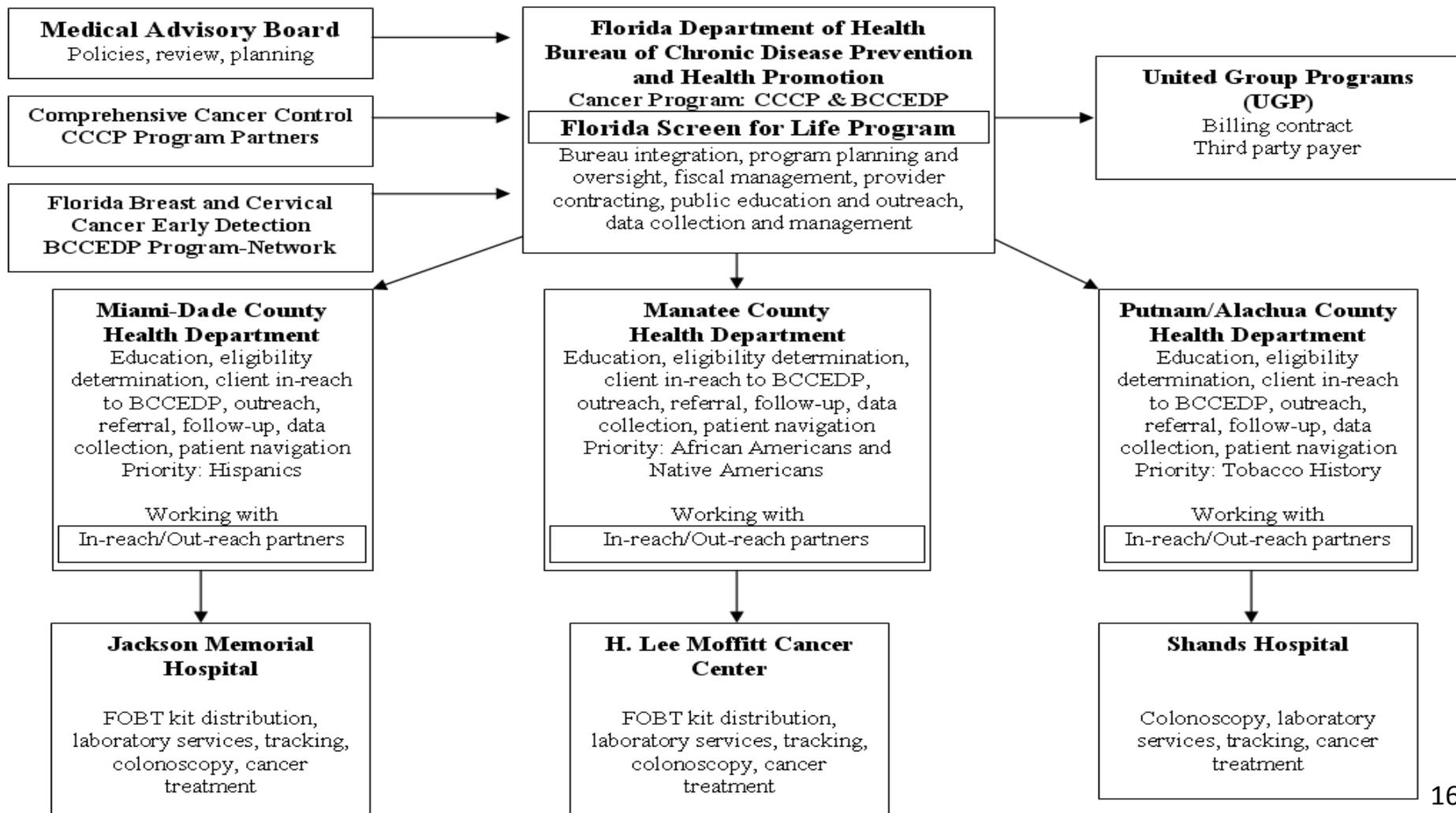
Florida Colorectal Cancer Control Program

Felisha Dickey, Program Director

Florida Department of Health
Bureau of Chronic Disease Prevention
Colorectal Cancer Control Program

November 12, 2013

Colorectal Cancer Control Program (CRCCP) Flowchart





Provision of Screening/Diagnostic Services

Greater Tampa Region

Colorectal Cancer Screening Saves Lives

What is Colorectal Cancer?

Colorectal Cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anus.

It's the Second Leading Cancer Killer

Colorectal cancer is the second leading cancer killer in the United States, but it doesn't have to be. If everyone aged 50 years and older had regular screening tests, at least 60% of deaths from this cancer could be avoided. So if you are 50 or older start getting screened now.

Who Gets Colorectal Cancer?

- Both men and women can get it
- It is most often found in people 50 or older
- The risk increases with age

Who is at High Risk?

- A person or their close relative who has had colorectal polyps or colon cancer
- A person who has inflammatory bowel disease
- A person who has a genetic syndrome such as familial adenomatous polyposis (FAP) or hereditary non-polyposis colorectal cancer

People at high risk for colorectal cancer may need earlier or more frequent test than other people. They should talk with their care provider about when to begin screening and how often they should be tested.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention



For more information, visit: www.cdc.gov/screenforlife or call 1-800-CDC-INFO (1-800-232-4636); for TTY, call 1-888-232-6348.
To find out about Medicare coverage, call 1-800-MEDICARE (1-800-633-4227), or visit www.medicare.gov.

Screen for Life, Colorectal Cancer Control Program (CCRCP)
Hillsborough, Manatee, and Pinellas Counties
Manatee County Health Department
410 Sixth Avenue East, Bradenton, Florida 34208
Camilla Reid, Project Navigator: (941) 748-0747 ext. 1241

Screening Saves Lives

If a person is 50 years or older, getting a colorectal cancer screening test could save their life. Here's how:

- Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn't be there.
- Over time, some polyps can turn into cancer.
- Screening tests can find polyps, so they can be removed before they turn into cancer.
- Screening tests also can find colorectal cancer early. When it is found early, the chance of being cured is good.

Colorectal Cancer Can Start With No Symptoms

Precancerous polyps and early-stage colorectal cancer don't always cause symptoms, especially at first. This means that someone could have polyps or colorectal cancer and not know. That is why having a screening test is so important.

What Are the Symptoms?

Some people with colorectal polyps or colorectal cancer do have symptoms. They may include:

- Blood in or on your stool (bowel movement)
- Stomach pain, aches, or cramps that don't go away
- Losing weight and you don't know why

If anyone has any of these symptoms, they should talk to their doctor. These symptoms may be caused by something other than cancer. However, the only way to know what is causing them is to see your doctor.

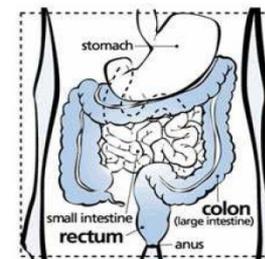


Florida Colorectal Cancer Control Program

Funded by the Centers for Disease Control and Prevention

IF THEY'RE 50 OR OLDER, TALK TO YOUR PATIENTS ABOUT GETTING SCREENED

Colorectal cancer (CRC) is the third most commonly diagnosed cancer and the second most common cause of cancer death in the United States. When CRC is diagnosed at an early stage, the 5 year survival rate is nearly 90 percent. However, when cancer is not diagnosed until it has spread to distant organs, the five year survival rate is only five percent. Furthermore, the disease can even be prevented through the early identification and removal of pre-cancerous polyps, detectable only through CRC screenings.



National surveys have shown, that CRC screening tests are underused, and use of these tests has increased slowly, despite strong recommendations for its use. There are disparities in CRC screening, with the uninsured and those with low-income being least likely to be screened. More than 90 percent of CRC occurs after the age of 50, and the risk of developing CRC increases with each decade of life. This is why the Centers for Disease Control and Prevention (CDC) has funded the Screen for Life, Colorectal Cancer Control Program (CCRCP). The purpose is to establish and integrate evidence-based CRC screening programs, in order to increase high quality population-based CRC screening among average-risk, uninsured and insured persons ages 50 years and older.



Greater Gainesville Region

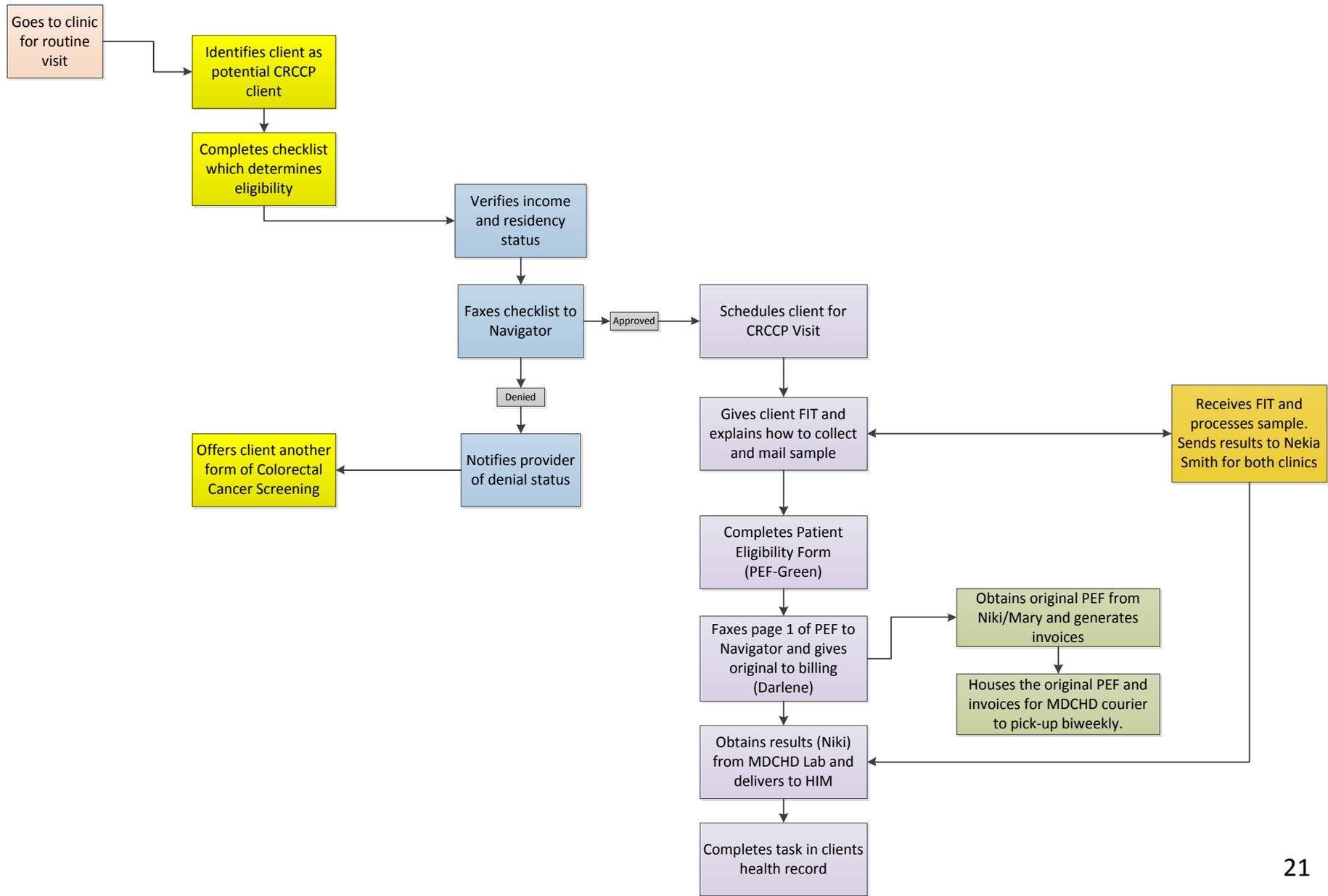


- The Mobile Outreach Clinic is...
 - A highly flexible means of delivering health care to the medically underserved in low-income neighborhoods and rural areas in and around Alachua County
 - A large bus containing two exam rooms, a laboratory, and a waiting area
 - In operation an average of four days per week

Greater Miami Region

- Use Fecal Immunochemical Test (FIT)
 - Superior to other forms of Fecal Occult Blood Test (FOBT) due to
 - No dietary or medicine restrictions
 - Requires only one sample
 - Increased sensitivity—can only detect human blood
 - LabCorp study and findings, 91% to 57%
- Positive FIT requires diagnostic colonoscopy
 - Offered at no cost to program clients through Jackson North and South Medical Centers; includes facility, professional, pathology, and anesthesiology services
 - If cancer is found client is assisted in obtaining emergency Medicaid and obtains oncology care at Jackson Health System facilities





Overcoming Cultural Barriers to Colorectal Cancer Outreach and Screening

Felisha Dickey, M.S.W., M.P.A., Brandi Knight, M.P.H., C.H.E.S., Susan Fleming, B.S.N., M.P.A.

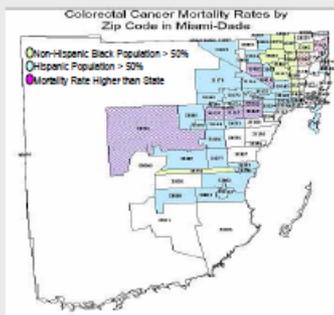
ABSTRACT

The Florida Colorectal Cancer Control Program (CRCCP) Screen for Life, funded by the Centers for Disease Control and Prevention, seeks to increase population-level screening rates in Florida from 60% to 80% by 2014. Hispanics are 3 times more likely to die of colorectal cancer (CRC) than Non-Hispanic Whites. Therefore, the Florida CRCCP has engaged in multiple exploratory activities to identify and address cultural barriers in order to reach various populations with the CRC screening message. These include:

- Exploring barriers among Hispanics and Haitians
- Providing FIT (fecal immunochemical test) to Hispanics
- Emphasizing "choice" in provider education efforts

INTRODUCTION

- Colorectal Cancer is the second leading cause of cancer related death for both men and women combined
- If everyone aged 50 years or older had regular screening tests, at least 60% of deaths from this cancer could be avoided.
- The CRC incidence rate for Florida is 42.2, exceeded by Miami-Dade at 47.3 per 100,000; Mortality rate for Florida is 14.3 exceeded by Miami-Dade at 16.2 per 100,000.
- Map indicates zip codes with high mortality rates compared to the state rate among Hispanics and non-Hispanic blacks



PURPOSE

1. Provide data on colorectal cancer screening behaviors among Florida adults
2. Provide insights into the attitudes and beliefs of minority population about colorectal cancer and screening
3. Provide data that informs the development of programmatic, local and statewide initiatives

METHODS

- Designed to collect data on individual barriers to completing CRC screening
- Respondents limited to Hispanic and non-Hispanic Black individuals over age 50
- Administered surveys in seven Jackson Health System clinics in Miami-Dade
- A total of 302 surveys were completed and yielded a 90% confidence interval
- Respondents recruited via an availability sampling approach in clinic waiting rooms
- Respondents given a brochure on CRC screening guidelines and specific screening tests at conclusion of survey
- Conducted a Behavioral Risk Factor Surveillance Survey (BRFSS) Call Back in 2010 (Survey of persons age 50-64 identified during the 2008 BRFSS administration; 750 respondents; Linked to parent survey; Weighted)

RESULTS

Figure 1: Barriers among Respondents Never Screened for Colorectal Cancer (n=296)

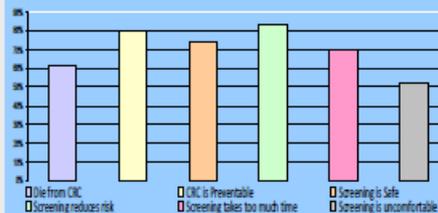
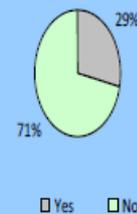


Figure 2: Has a Physician Ever Recommended Colorectal Cancer Screening? (n=240)



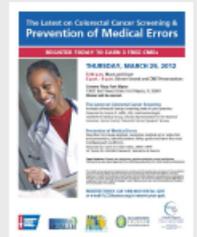
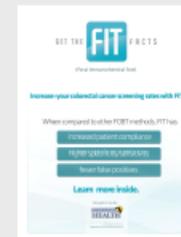
- 59% of respondents *NEVER* received CRC screening
- 65% of respondents *NEVER* screened believed most people who get colorectal cancer die from it
- 80% of respondents *NEVER* screened believed colorectal cancer is preventable
- 83% of respondents *NEVER* screened believed that screening reduced their risk for colorectal cancer
- 52% of respondents *NEVER* screened believed that screening tests are uncomfortable
- 71% of respondents *NEVER* screened also *NEVER* received a physician recommendation for CRC screening

CONCLUSION

- Provider recommendation is the primary motivating factor for patients who get screened
- Patients are more likely to complete colonoscopy once they have a positive FIT result
- Patients are more likely to comply with FIT when the provider opens the kit and explains its use to the patient during the visit. The FL CRCCP FIT compliance rate is ~98%.
- "Colon Cancer Screening More Likely When People are Given a Choice." Given the choice, white people overwhelmingly chose colonoscopy, while African-American, Latino, and Asian participants preferred the fecal blood test. Source: Inadomi, J.M., et al. Archives of Internal Medicine; 2012;172(7):575-582
- Barriers such as cost, discomfort of the procedure, embarrassment and time off may be addressed by offering various screening options
- "The best test is the one that gets done well." Promoting options – giving choices is key

RECOMMENDATIONS

- Provider Education highlighted alternative approved screening choices to increase screening compliance among patients
 - FIT Campaign (www.gettheFITfacts.com)
 - Provider Education Workshops



- Consumer Education: Promoting Choices

Sharing Our Message

- Conference call presentations
 - DOH, Minority Health Liaisons
 - DOH, Healthy Community Health People Coordinators
 - DOH Medical Directors
 - Community Health Worker Coalition
- Bureau Communications Liaison

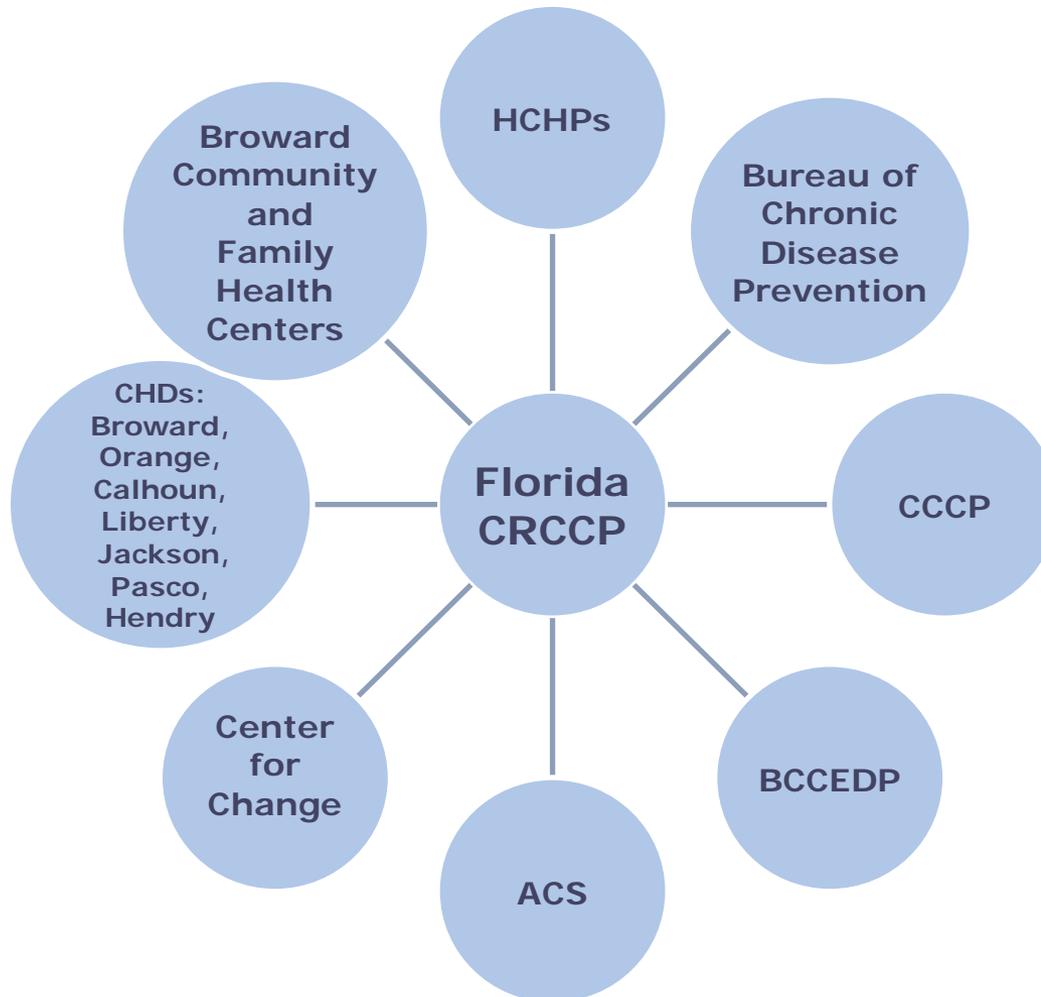


The screenshot shows a news article from Orlando Medical News. The article title is "Closing the Gap in Florida's Colorectal Cancer Screening Rates" by Allison Barnes-Carter, posted on Wednesday, March 6, 2013 at 4:12 pm. The article text states: "If you have patients who are 50-plus, here's a staggering fact: 60 percent of deaths from colorectal cancer could be prevented if everyone age 50 and older received regular screening. Since March is Colorectal Cancer Awareness Month, it's a good time to call attention to the facts. Screening, when coupled with changing modifiable risk factors, is a first line of defense in colorectal cancer prevention. Some research shows that as many as 70 percent of colorectal cancer cases could be prevented with lifestyle changes including healthy eating, physical activity, and avoiding tobacco. Furthermore, adults who increase their physical activity, either exercising longer or more often, can reduce their risk of developing colorectal cancer by 30 to 40 percent." The article includes a small photo of Allison Barnes-Carter. Navigation links include Blog, Home, Our Publications, Advertise, Archives, National Articles, Subscriptions, Contact Us, Corporate, Member Options, and Careers. There are also logos for "MY MEDICAL NEWS" and "Hometown Health Good Things for Those Who Wait".

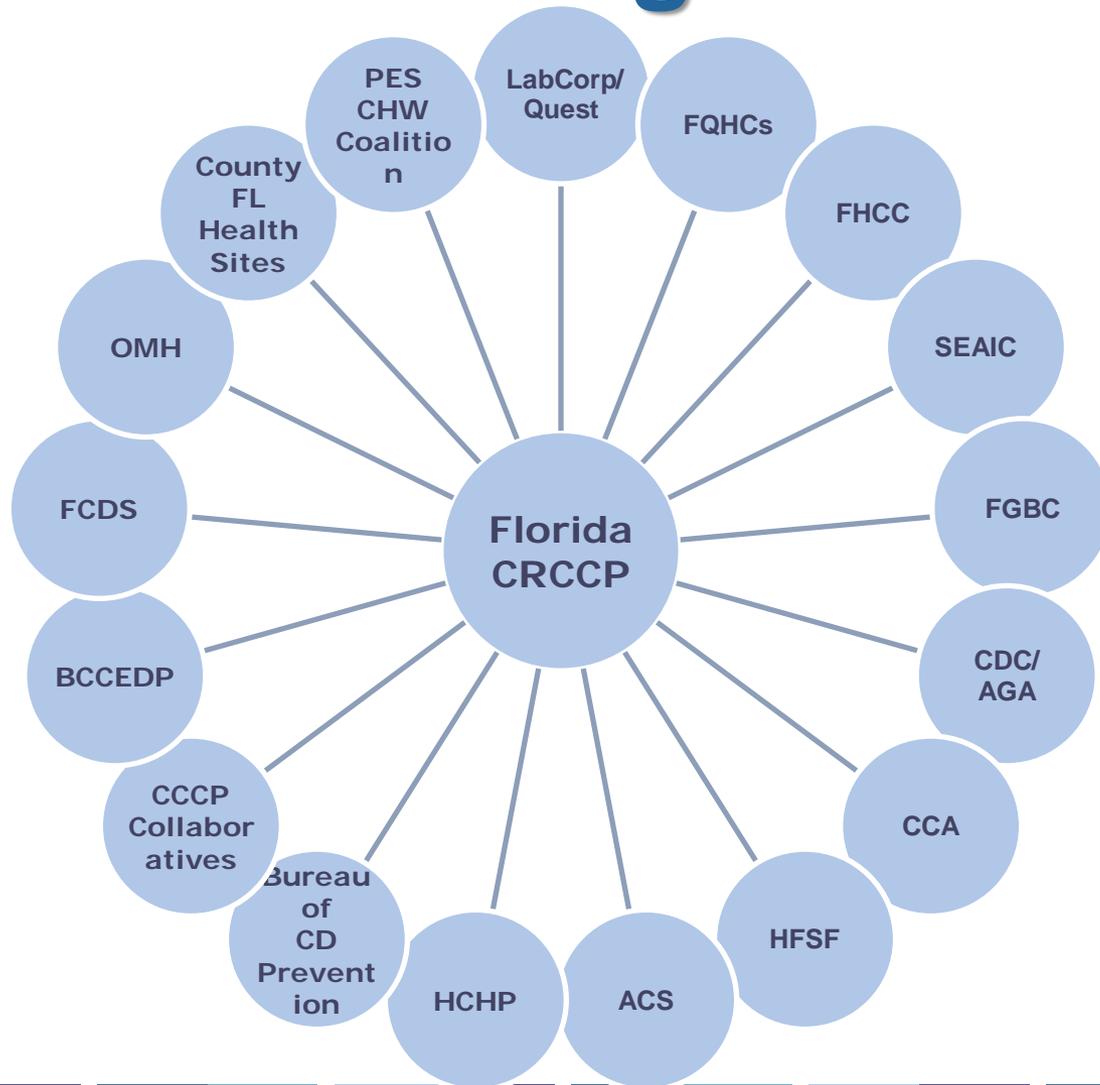


Partnerships and Systems

Screening Promotion: Awareness Raising Partners 2010



Screening Promotion: Awareness Raising Partners 2013



Florida's Cancer Program

- Federally Qualified Health Centers (FQHCs) - Florida Association of Community Health Centers (FACHC), Florida Medical Quality Assurance, Inc. (FMQAI)
- CHDs - Medical and CHD Directors
- County and State Labs
- Cancer Control and Research Advisory Board (CCRAB) - Joint Strategy Document



American Cancer Society

- Provider Workshops
- Community Grants for Consumer Awareness
- Other Collaborations
 - Blue Cross Blue Shield
 - FMQAI, Inc.
 - Webinar, Health Camp, Provider Survey
 - Health Foundation of South Florida



Native American Indian Initiatives

- Support to start a collaborative
- Seminole Health Fairs, Lunch n' Learns
- CCCP and the South East American Indian Council (SEAIC) Cancer Education Program
 - 2,800 tribal members and others at tribal gatherings and pow-wows
 - Recruiting and training 15 Community Health Worker volunteers
- CRC Educational Resource Development



Federally Qualified Health Centers

- Florida Association of Community Health Centers
- Colorectal Cancer Screening Project
 - **Objective:** FIT conversion and/or reminder calls to increase screening adherence
 - **Partners:** Health Foundation of South Florida and American Cancer Society
 - **Clinics:** Borinquen, Community Health of South Florida, and Jefferson Reeves

Employers/Insurers

- Florida Health Care Coalition
- Kelly Tractor, 300 employees, education sessions by Miami navigator
- RTI Biologics Employee Campaign
- Miami Employer/Insurers: Coventry Healthcare, Aflac, United Healthcare, and Molina Healthcare
- Wellness Council of Tampa Bay's Wellness Expo
 - Hillsborough Area Regional Transit Authority (H.A.R.T.)
 - Manatee County Government
- Southwest Network of Wellness Professionals



Fecal Immunochemical Test ***Provider Awareness Campaign***

Provider Toolkit Materials

FIT 50 OR OLDER? GET SCREENED.



Colorectal cancer is the second leading cause of cancer-related deaths. Ask your doctor about FIT (Fecal Immunochemical Test).

NO DIET OR MEDICATION RESTRICTIONS

EASY AND CONVENIENT

FITS AN ACTIVE, BUSY LIFESTYLE

gettheFITfacts.com

Funded by CDC Cooperative Agreement #5U58DP002070-02



GET THE **FIT** FACTS
(Fecal Immunochemical Test)

FIT can help increase your colorectal cancer screening rates.

What is FIT?
FIT (Fecal Immunochemical Test) is a screening option that allows patients to procure samples in the comfort of their homes and at their convenience. FIT has accuracy rates very near those of colonoscopy.

FIT vs. Guaiac FOBT
FIT is an improved FOBT test with higher sensitivity and specificity when compared to guaiac FOBT. And because FIT uses antibodies specific for human globin, they have no diet restrictions. FIT also has a variety of improved collection methods (see back).

Improved Compliance
FIT is a great way to increase colorectal cancer screening rates in your practice. Its convenient, easy-to-use nature can help overcome many of these common barriers to screening:

- Time Constraints
- Transportation
- Lack of Insurance

Learn More at: gettheFITfacts.com

Brought to You By
FLORIDA DEPARTMENT OF HEALTH
Funded by CDC Cooperative Agreement #5U58DP002070-02

HAVE YOU RETURNED YOUR SCREENING KIT?

It's important, easy and may save your life.

FIT

gettheFITfacts.com

COLON CANCER SCREENING MADE EASY

Remember your kit today.

REMEMBER:
No need to change eating habits.
No need to change medications.

FROM: _____

TO: _____

FIT



Thank you

Felisha Dickey, MSW, MPA
Program Director, Florida Colorectal Control Program

Phone: (850) 245-4444 ext. 2584

Email: felisha.dickey@flhealth.gov

Website: <http://www.floridahealth.gov/diseases-and-conditions/cancer/colon-cancer/index.html>

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<http://tools.cdc.gov/syndication/search.aspx?searchURL=www.cdc.gov%2fvitalsigns>

Vital Signs interactive buttons and banners

www.cdc.gov/vitalsigns/SocialMedia.html

Public Health Practice Stories from the Field

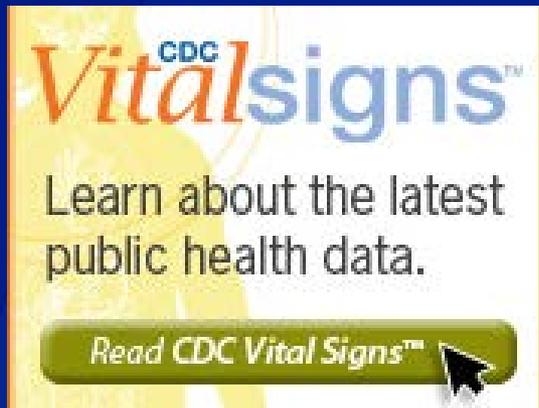
- Stories about the implementation of Public Health Practice Stories from the Field



www.cdc.gov/stltpublichealth/phpracticestories

Provide feedback on this teleconference:

OSTLTSFeedback@cdc.gov



Please mark your calendars for the next
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December 3, 2013

2:00–3:00 pm (EST)

For more information, please contact Centers for Disease Control and Prevention.

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