

Webinar on Colorectal Cancer Prevention and Healthy People 2030 Goals



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National Center for Health in Public Housing (NCHPH)

- The National Center for Health in Public Housing (NCHPH) is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U30CS09734, a National Training and Technical Assistance Partner (NTTAP) for \$2,006,400 and is 100% financed by this grant. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
- The mission of the National Center for Health in Public Housing (NCHPH) is to strengthen the capacity of federally funded Public Housing Primary Care (PHPC) health centers and other health center grantees by providing training and a range of technical assistance.



Housekeeping

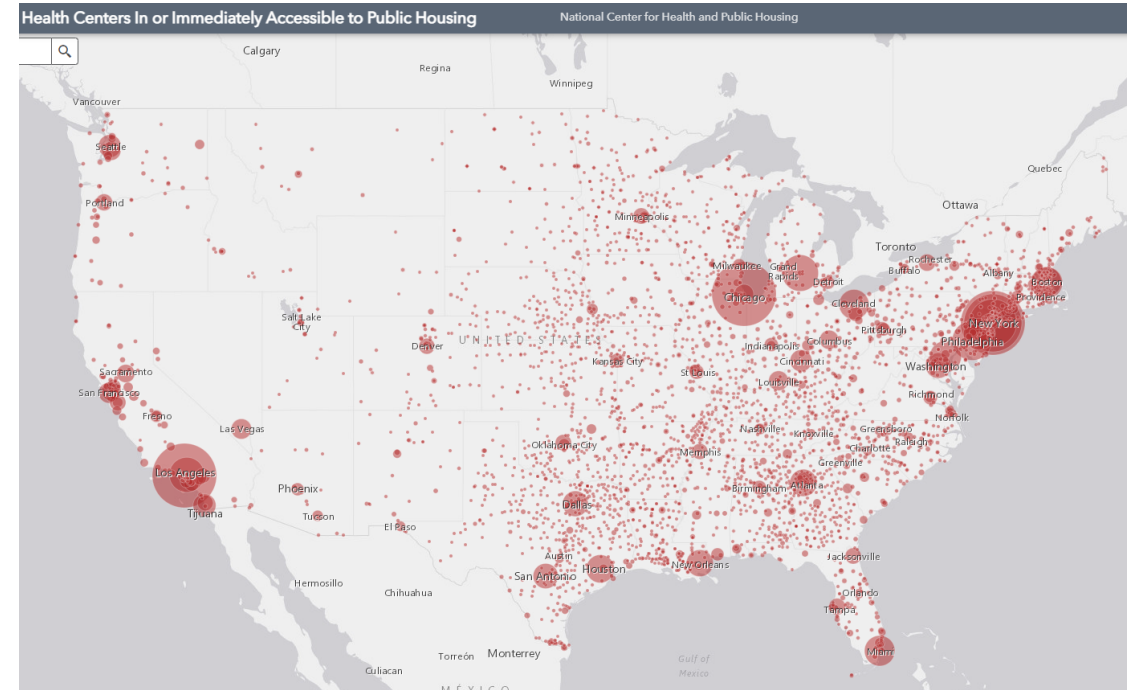
- All participants muted upon entry
- Engage in chat
- Raise hand if you would like to unmute
- Meeting is being recorded
- Slides and recording link will be sent via email



Health Centers Close to Public Housing

- 1,370 Federally Qualified Health Centers (FQHC) = 30.5 million patients
- 483 FQHCs In or Immediately Accessible to Public Housing = 6.1 million patients
- 107 Public Housing Primary Care (PHPC) = 935,823 patients

Source: [2022 Health Center Data](#)



Source: [Health Centers in or Immediately Accessible to Public Housing Map](#)

Public Housing Demographics



1.5 Million
Residents



2 Persons
Per Household



38% Disabled



52% White



91% Low
Income



43% African-
American



26% Latinx



19% Elderly

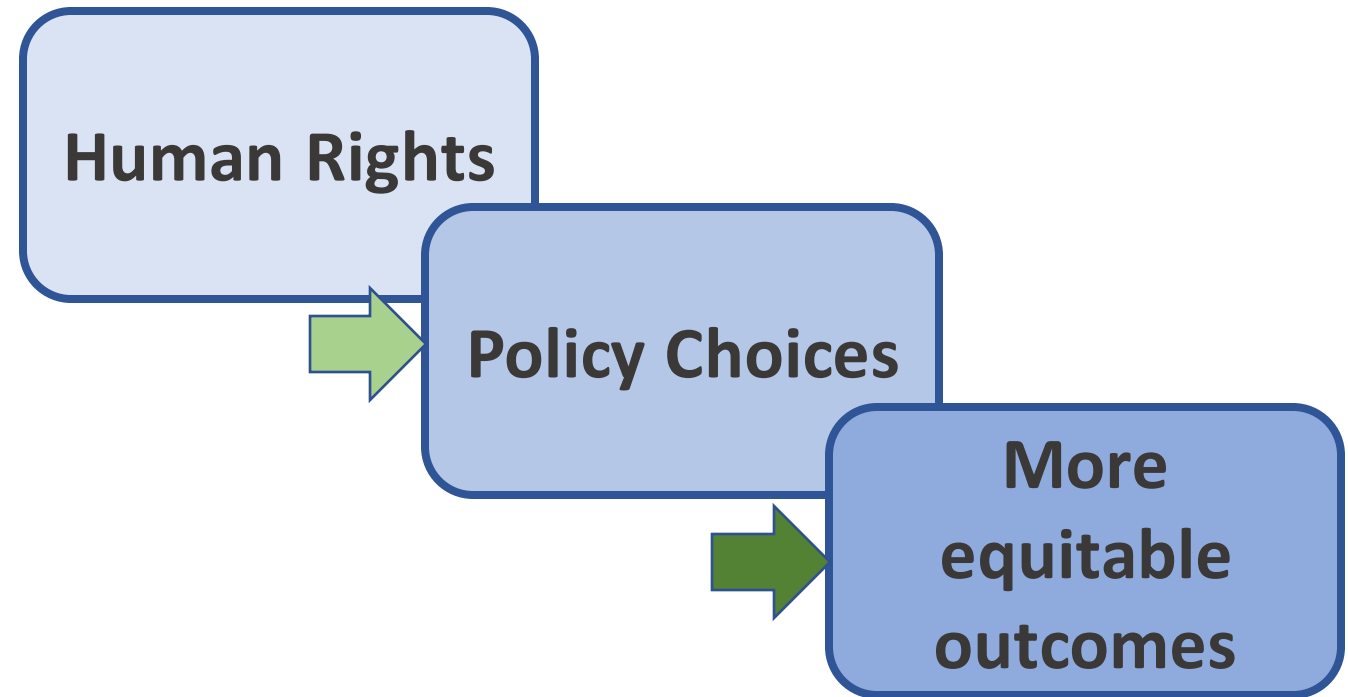
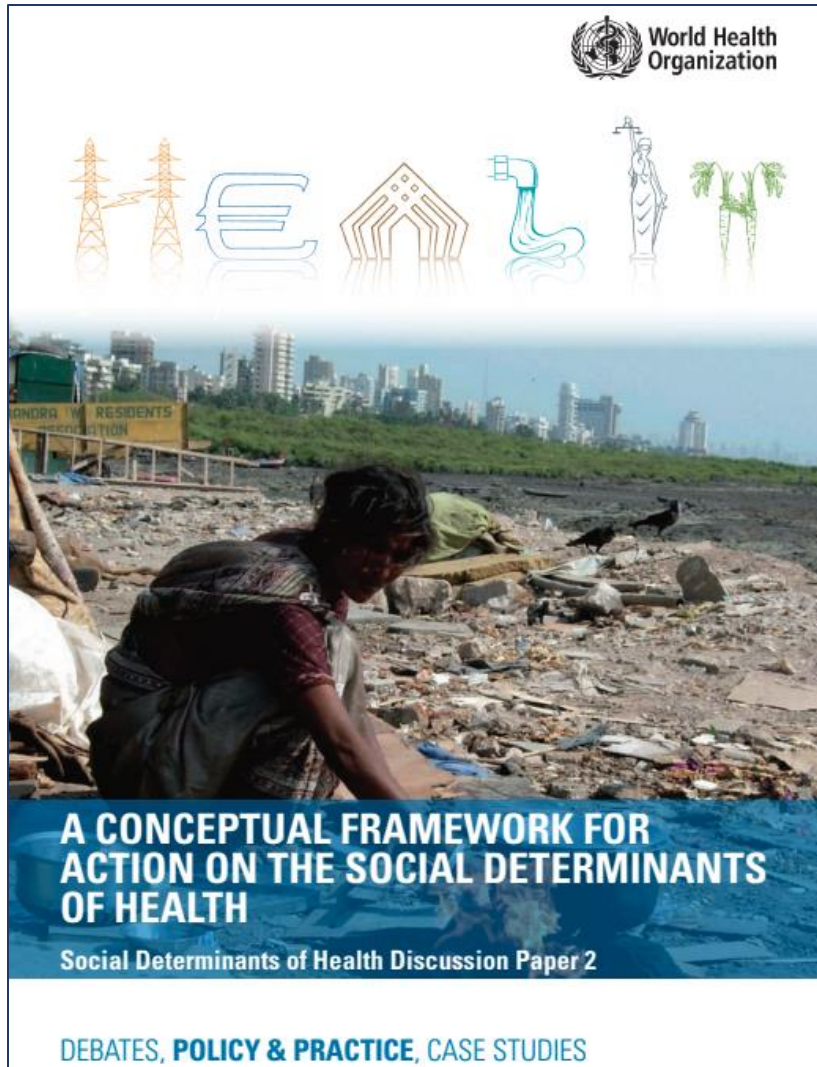


36% Children



32% Female Headed
Households with
Children

WHO Conceptual Framework



The SDOH: Conceptual Overview

Social Determinants of Health



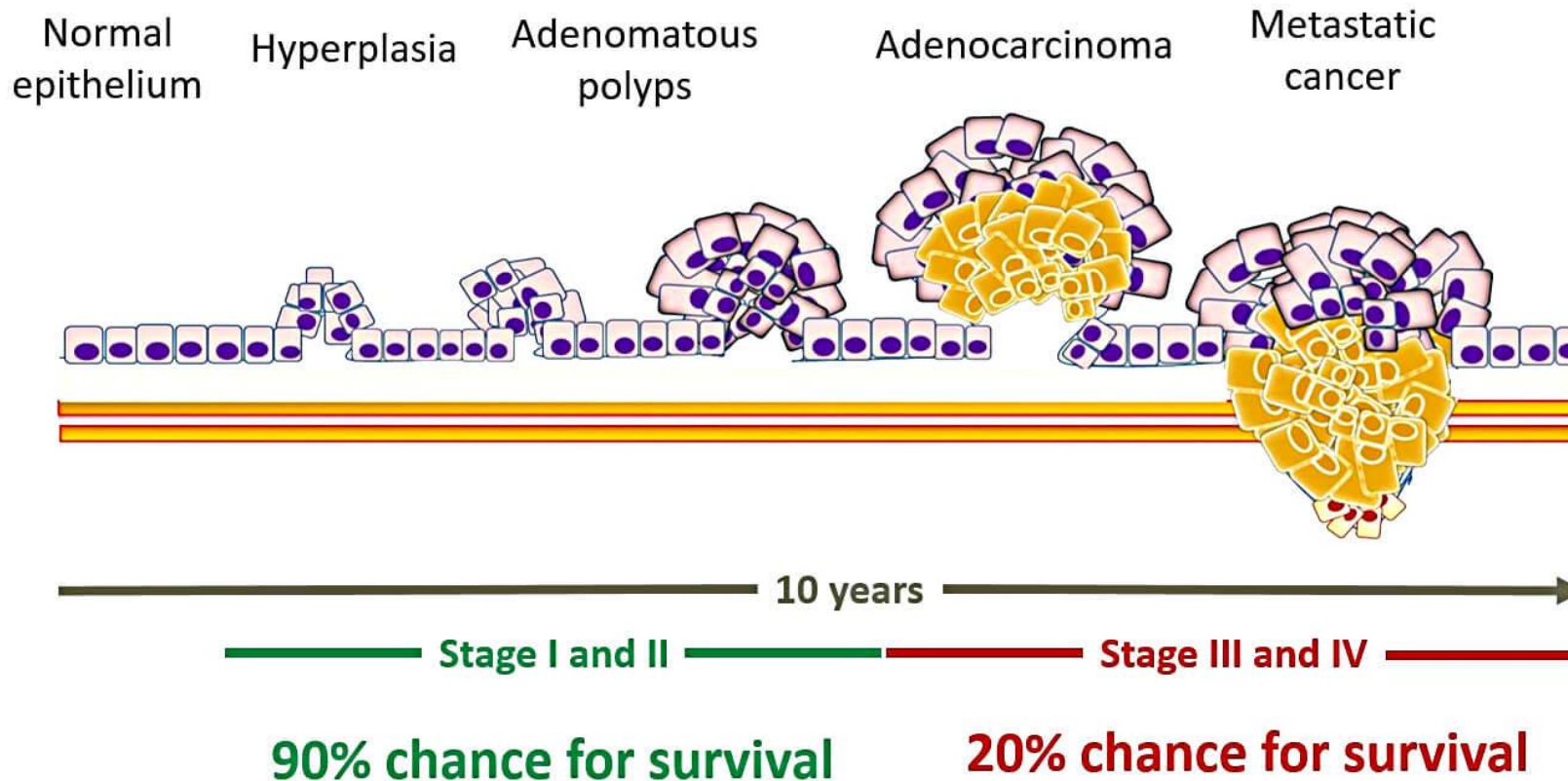
Social Determinants of Health
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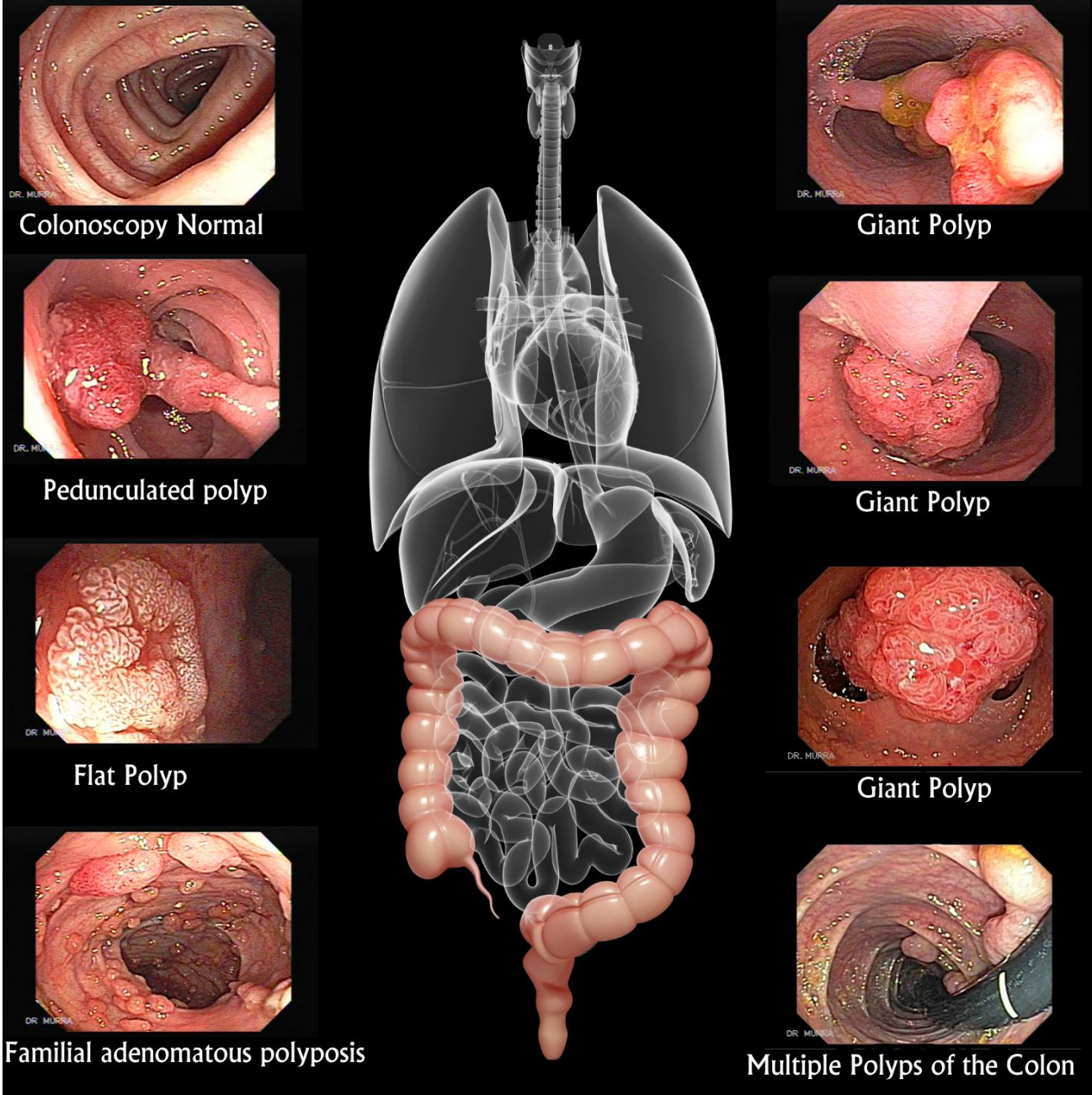
Healthy People 2030

Link to resource: [Healthy People 2030](#)

NCHPHA
National Center for Health in Public Housing

Colorectal cancer development





Colonoscopy Normal

Pedunculated polyp

Flat Polyp

Familial adenomatous polyposis

Giant Polyp

Giant Polyp

Giant Polyp

Multiple Polyps of the Colon

Colorectal Cancer Screening Guidelines

TABLE 1

Colorectal Cancer Screening Recommendations

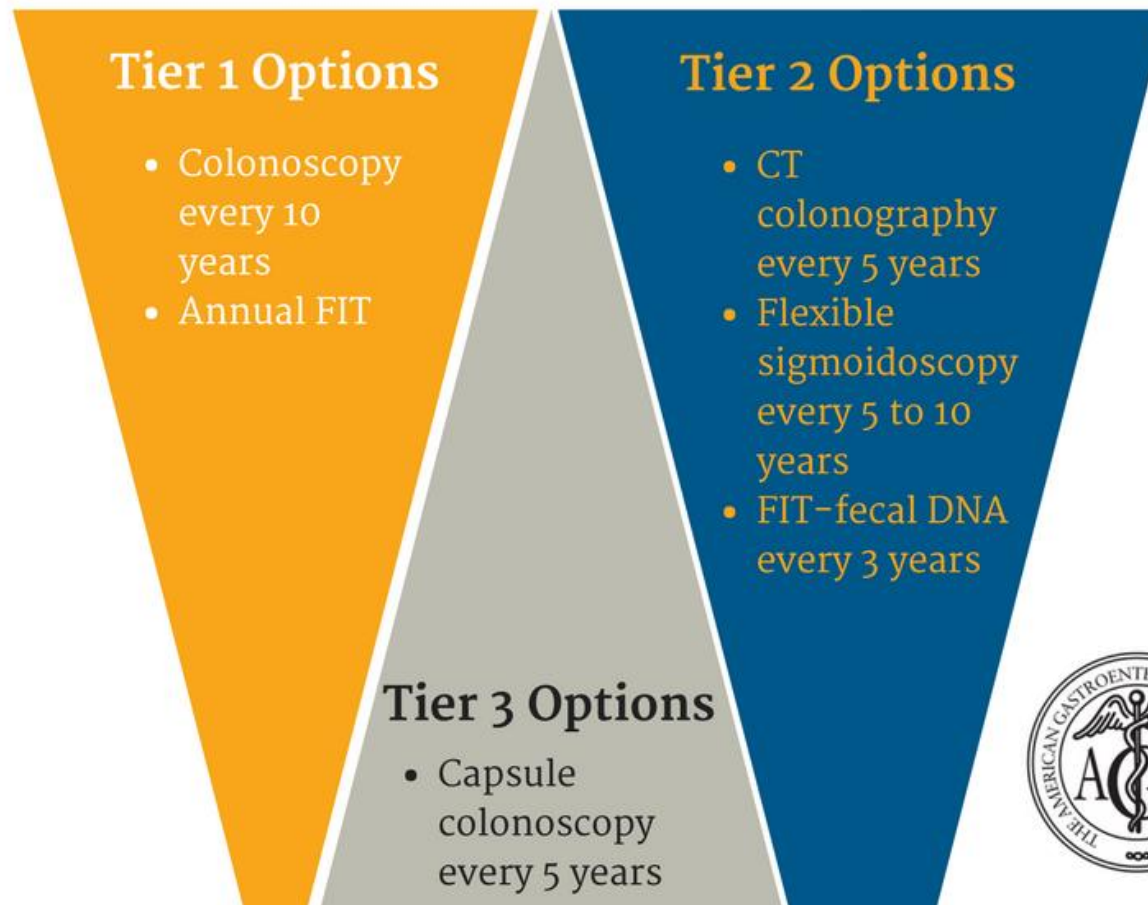
Risk level	Action	Age	Strength of recommendation	Evidence grade
Average risk	Start screening	45 years	Conditional	Very low
	Screen	50 to 75 years	Strong	Moderate
	Stop screening	> 75 years	Conditional	Very low
One or more first-degree relatives with colon cancer or advanced polyps	Start screening	40 years or 10 years before age of youngest relative at time of diagnosis	Conditional	Very low

Colorectal Cancer Screening Guidelines

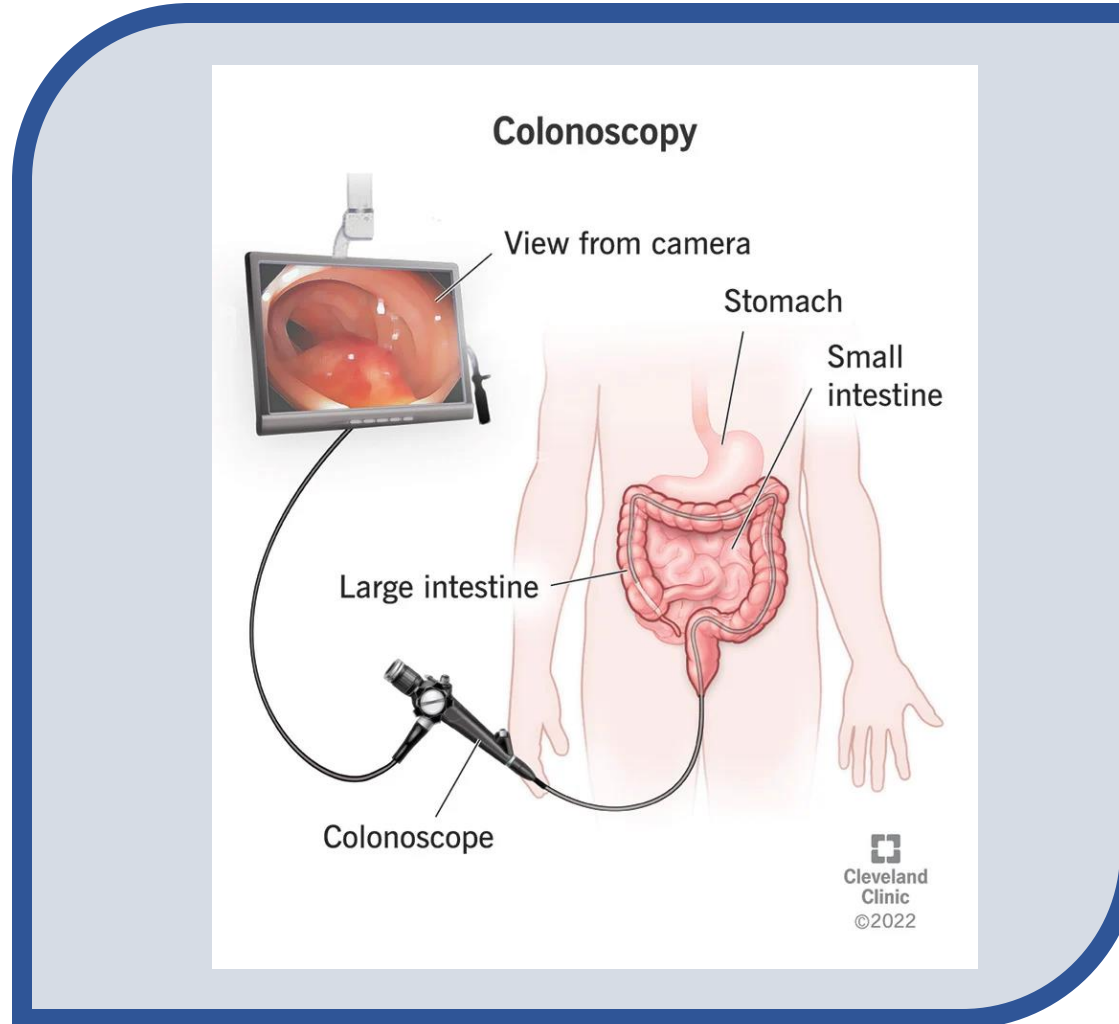
Type of Test	Test	Colon Cleanse	Sedation	Stool Sample	Location	Frequency
Colon Visualization	Colonoscopy	Yes	Yes	No	doctor's office, hospital, medical center	every 10 years
	Virtual Colonoscopy/CT Colonography	Yes	No	No	hospital, medical center	every 5 years
	Flexible Sigmoidoscopy	Yes	No	No	doctor's office, medical center	every 5 years or every 10 years with a fecal
	Double Contrast Barium Enema	Yes	No	No	hospital, medical center	every 5 years
Stool Test	Fecal Occult Blood Test	No	No	Yes	at home	every year
	Fecal Immunochemical Test (FIT)	No	No	Yes	at home	every year
	FIT-DNA Test	No	No	Yes (entire bowel movement)	at home	every 3 years

New Ranking of Colorectal Cancer Screening Tests

An update from the U.S. Multi-Society Task Force on Colorectal Cancer



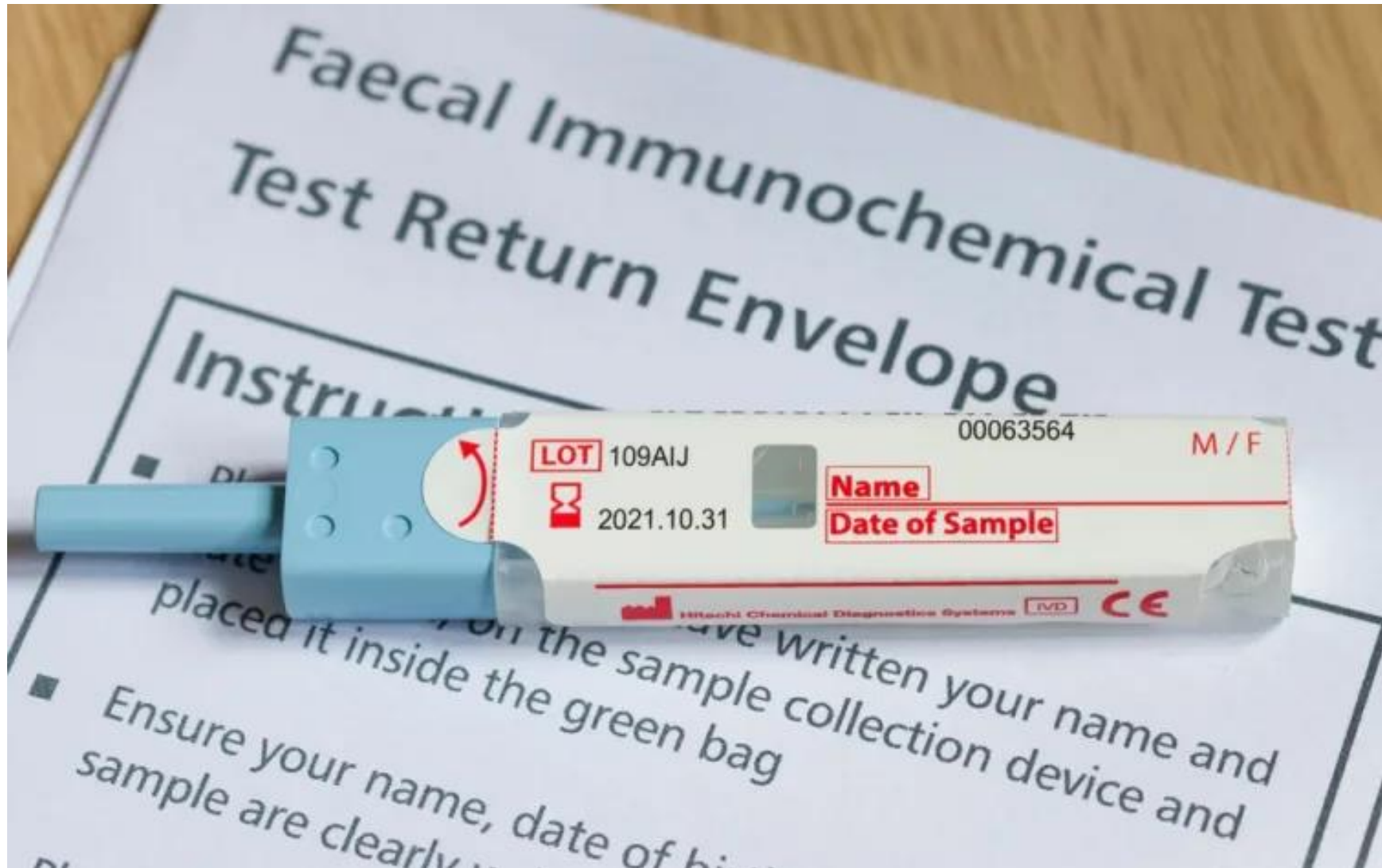
Colorectal Screening Modalities



Colorectal Screening Modalities



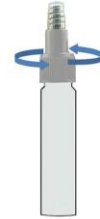
Colorectal Screening Modalities



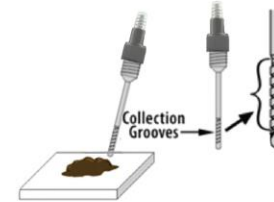
Colorectal Screening Modalities



After an evacuation, wipe normally and retain a small amount of feces on toilet paper



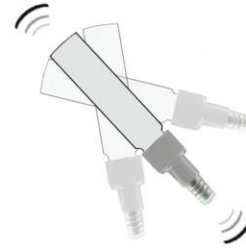
Unscrew cap from buffer tube
Do not empty liquid from tube.



Collect a small sample of feces onto the grooves of the wand



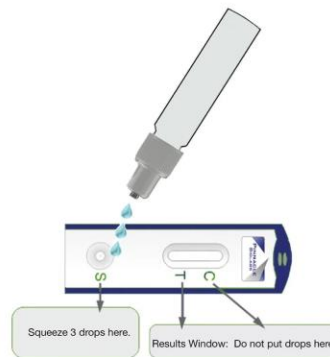
Return wand to tube



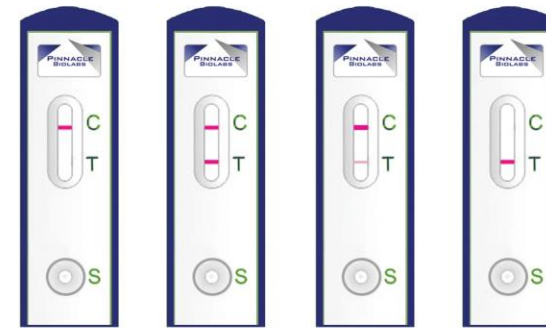
Shake tube for three (3) seconds



Unscrew smaller, clear cap



Apply 3 drops from buffer tube to sample well.

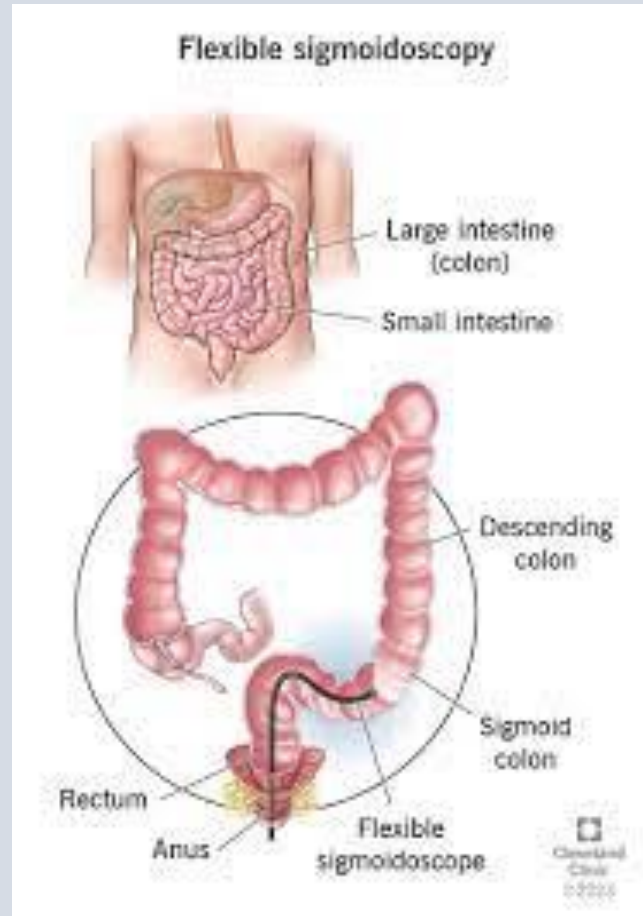


Negative **Positive** **Positive** **Invalid**

Interpret results after five minutes. Do not read results after 10 minutes.

Link to resource: [Mayo Clinic](#)

Colorectal Screening Modalities



Healthy People 2030 – Colon Cancer Screening Goals

Status: Baseline only 

[Learn more about our data release schedule](#)



Most Recent Data:
58.7 percent (2021) *



Target:
68.3 percent ¹ *



Desired Direction:
Increase desired



Baseline:
58.7 percent of adults aged 45 to 75 years received a colorectal cancer screening based on the most recent guidelines in 2021 ² *

* Age adjusted to the year 2000 standard population.

Colon Cancer Screening in FQHC and PHPC patients, 2022

n (weighted) = 27,224,243	All other Housing	95% CI	All HUD-assisted *	95% CI	p	Public Housing	95% CI	p
Patient has ever had a colonoscopy, age 65+	73.5	63.1-81.8	73.4	40.5-91.8	0.49	63.9	67.8-81.4	0.58
Patient has ever had a blood stool test, age 65+	58.4	48.7-67.6	55	32.0-76.0	0.85	61.2	17.9-92.0	0.95
Patinet has ever had colonoscopy or blood stool test, age 65+	90.5	83.1-94.8	88.3	66.1-96.7	0.72	88.1	66.9-96.4	0.7
Follow-up required after blood stool test	8.6	5.2-13.9	5.2	1.2-19.5	0.78	1.0	0.27-3.8	<0.001

* Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs



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n (weighted) = 27,224,243	All other Housing	95% CI	All HUD-assisted *	95% CI	p	Public Housing	95% CI	p
Patient has ever had a colonoscopy, age 65+	72.5	62.1-80.9	72.4	40.5-104.3	0.49	62.0	67.8-56.2	0.58
Patient has ever had a blood stool test, age 65+	90.5	85.1-95.9	88.3	66.1-110.5	0.72	88.1	86.9-89.3	0.7
Patinet has ever had colonoscopy or blood stool test, age 65+	80.6	75.2-86.0	80.6	68.4-92.8	0.72	80.6	79.4-81.8	0.7
Follow-up required after blood stool test	8.6	5.2-13.9	5.2	1.2-9.3	0.78	1.0	0.27-1.73	<0.001

All patients (reference group)

All HUD-assisted (comparison group 1)

Public housing only (comparison group 2)

* Includes Section 8 Voucher, Housing Choice Voucher, Project-based Section 8 and other HUD PH programs



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FQHC patient reasons for not obtaining colon cancer screening, 2022

n (weighted) = 27,224,243	All other Housing (%)	95% CI	All HUD-assisted* (%)	95% CI	p	Public Housing (%)	95% CI	p
Don't know	0.83	0.32-2.1	0.46	0.15-1.3	0.27	0.08	0.04-0.08	0.55
No reason/Never thought about it	29.5	23.1-36.8	24.8	15.7-36.9		28.3	7.3-29.1	
Didn't know they needed the test	25.2	18.8-32.8	41.8	30.6-53.9		25.3	14.7-26.8	
Too expensive	6.1	3.1-11.7	1	0.23-4.2		5.6	0.39-5.6	
Too painful, unpleasant or embarrassing	8.8	6.2-12.5	7.8	2.2-24.3		8.5	0.2-8.7	
* Other	29	22.8-36.1	24.1	15.9-34.7		27.8	0.98-28.5	

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FQHC patient reasons for obtaining their last colonoscopy, 2022

n (weighted) = 27,224,243	All other Housing (%)	95% CI	All HUD-assisted* (%)	95% CI	p	Public Housing (%)	95% CI	p
Part of a routine exam	62.4	56.9-67.6	63.6	49.2-75.9	0.62	58.9	34.5-79.5	0.76
Because of a problem	21	17.0-25.7	25.9	14.8-41.2		18.8	4.6-52.6	
Follow-up test of an earlier test or screening exam	7.2	4.9-10.4	7.5	2.2-22.6		15.1	3.3-48.2	
Some other reason	9.3	6.3-13.5	3.1	0.49-17.2		7.3	0.97-38.6	

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Screening of FQHC and PHPC Patients (ages 50 through 74) for colorectal cancer: UDS results (2021)

	All FQHC's	PHPC's
Total number of patients screened for colorectal cancer	2,335,230	259,713
Patients who met criteria but were not screened	3,773,036	503,263
Average number of patients screened for colorectal cancer per health center	1,632	2,498
Percentage of patients who received appropriate screening at health center	40%	34%

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Case Study

Mr. Luciano is a 58 year-old man with a history of gastric reflux, hypertension and type two diabetes. He appears at his PCP for his annual wellness exam.

The patient undergoes a standard intake, including vitals and an SDOH screener. The results are as follows:

BP: 140/70

HR: 88

RR: 18

Weight: 190

Results from her last visit in 2018 reveal the following

BP: 160/92

HR: 68

RR: 16

Weight: 230

A review of Mr. Luciano's medical records at this facility reveals that he has a history of cigarette smoking (20 pack-years) and only sees his PCP intermittently (approximately once every 5 years). No cancer screening results are noted in his records.

The results of MR. Luciano's SDOH screener reveal the following:

Appendix

WellRx Questionnaire

DOB _____ Male ___ Female _____

WellRx Questions

1. In the past 2 months, did you or others you live with eat smaller meals or skip meals because you didn't have money for food?

Yes

_____ No

2. Are you homeless or worried that you might be in the future?

_____ Yes

No

3. Do you have trouble paying for your utilities (gas, electricity, phone)?

_____ Yes

No

4. Do you have trouble finding or paying for a ride?

Yes

_____ No

5. Do you need daycare, or better daycare, for your kids?

_____ Yes

No

[Link: To Resource](#)

____ Yes

6. Are you unemployed or without regular income?

____ Yes

7. Do you need help finding a better job?

____ Yes

8. Do you need help getting more education?

____ Yes

9. Are you concerned about someone in your home using drugs or alcohol?

____ Yes

10. Do you feel unsafe in your daily life?

____ Yes

11. Is anyone in your home threatening or abusing you?

____ Yes

____ No

No

No

No

No

No

No

The WellRx Toolkit was developed by Janet Page-Reeves, PhD, and Molly Bleecker, MA, at the Office for Community Health at the University of New Mexico in Albuquerque. Copyright © 2014 University of New Mexico.

[Link: To Resource](#)

Case Study

During the physical exam the following results are noted:

- The patient becomes light-headed when he stands from sitting.
- The patient's skin appears pale and diaphoretic.
- The patient is easily confused by instructions and questioning.

During the patient interview the following is noted:

- Mr. Luciano is a construction foreman and smokes regularly at work to stay warm. He lives alone.
- The patient's paternal grandfather and brother both died of "cancer" but he is unsure which type.
- Mr. Luciano is a widower (5 years),
- The patient's diet primarily consists of red meat and processed foods, with heavy intake of soda.
- The patient intermittently uses alcohol (12 drinks/week on average).

When asked about colon cancer screening Mr. Luciano notes that he has discussed this with his PCP in the past but was not interested in receiving a colonoscopy and does not remember discussing other screening options.

After being questioned about receiving a colonoscopy, the patient appears irritated and his body language becomes closed-off and oppositional.

Case Study

Please take a moment to answer the following question:

How would you assess Mr. Luciano's current condition?

Case Study

Please take a moment to answer the following question:

What services or support would increase the likelihood that patients like Mr. Luciano receive screening?

Recommended cost-effective program interventions

Make a recommendation: The primary reason patients say they have not been screened is because a doctor did not advise it.

Be persistent with reminders: Data shows that patients often require multiple reminders before they. Take the test. Consider multi-channel communication efforts.

Focus on Cultural Competency and diversity: Patients are more likely to accept screening advice if it is provided in a culturally competent manner

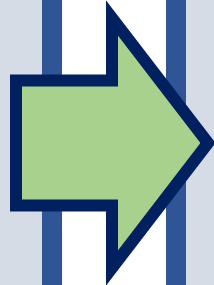
There are a variety of measures that facilities and providers can utilize to increase the likelihood that a patient will follow screening guidelines



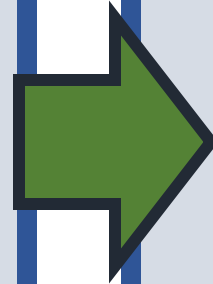
Marketing Preventative Services



**Emphasize
Convenience**



**Reduce
Stigma**



**Increase
Access to
Care**

	Program Title & Description	Population Focus	Delivery Location	Community Type	Age	Sex
+	Against Colorectal Cancer in Our Neighborhoods (ACCION)	Medically Underserved	Clinical, Other Settings, Religious establishments, Workplace	Rural, Urban/Inner City	40-65 years, 65+ years	Female, Male
+	Automated Telephone Calls Improve Completion of Fecal Occult Blood Testing		Clinical		40-65 years, 65+ years	Female, Male
+	Colorectal Cancer Education, Screening and Prevention Program (CCESP): Empowering Communities for Life	Medically Underserved	Clinical, Other Settings, Religious establishments	Rural	40-65 years, 65+ years	Female, Male
+	Colorectal Cancer Screening in Chinese Americans Project	Medically Underserved	Clinical		40-65 years, 65+ years	Female, Male
+	Colorectal Cancer Screening Intervention Program (CCSIP)	Un- and/or Underscreened Individuals	Clinical, Other Settings, Religious establishments	Rural, Suburban, Urban/Inner City	40-65 years, 65+ years	Female, Male

Link to resource: [Healthy People 2030 Screening Resources](#)

Discussion

Please take a moment to answer the following question:

What efforts has your organization used to increase the rate of screening at your facility?

What efforts do you use in clinical practice to encourage patients to complete their screening?

Q&A Session





Complete our Post Evaluation Survey



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About

The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported in part by a cooperative agreement grant awarded by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). To learn more about NCHPH, click here. To view our public housing demographics fact sheet, click here. HRSA is the Health Resources and Services Administration (HRSA), The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is the primary Federal agency for improving access to health care services for people who are underserved, isolated or medically vulnerable. Highlighting the business and ten offices, HRSA provides leadership and financial support to health care providers in every state and U.S. territory. HRSA grantees provide health care to underserved...

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Thank you!

