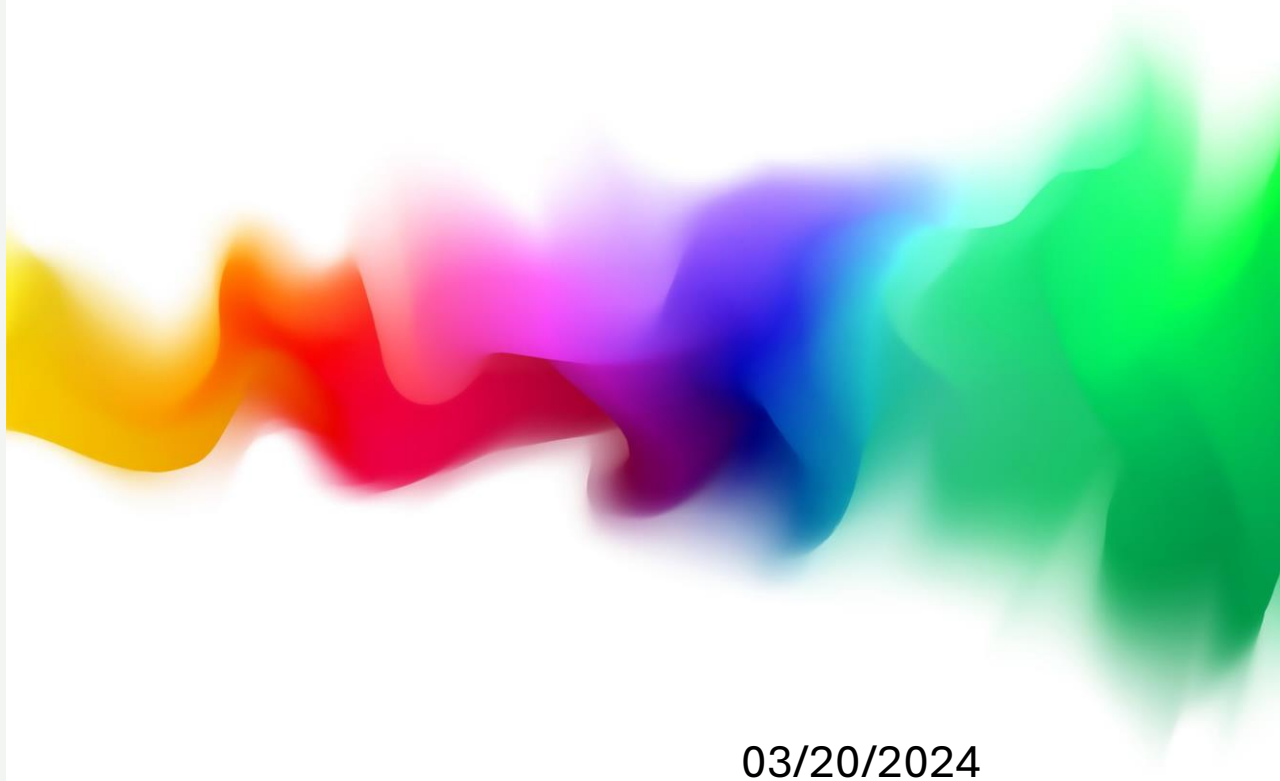
Addressing Barriers to Colorectal Cancer Screening Learning Collaborative

Session 2: Talking with patients about healthy habits after colorectal cancer screening

National Center for Health in Public Housing



03/20/2024

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.

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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

TODAY'S SPEAKERS

Jose Leon MD
Chief Medical Officer

Kevin Lombardi MD, MPH
Manager of Policy, Research, and Health Promotion

Fide Pineda Sandoval, CHES
Manager of Training & Technical Assistance

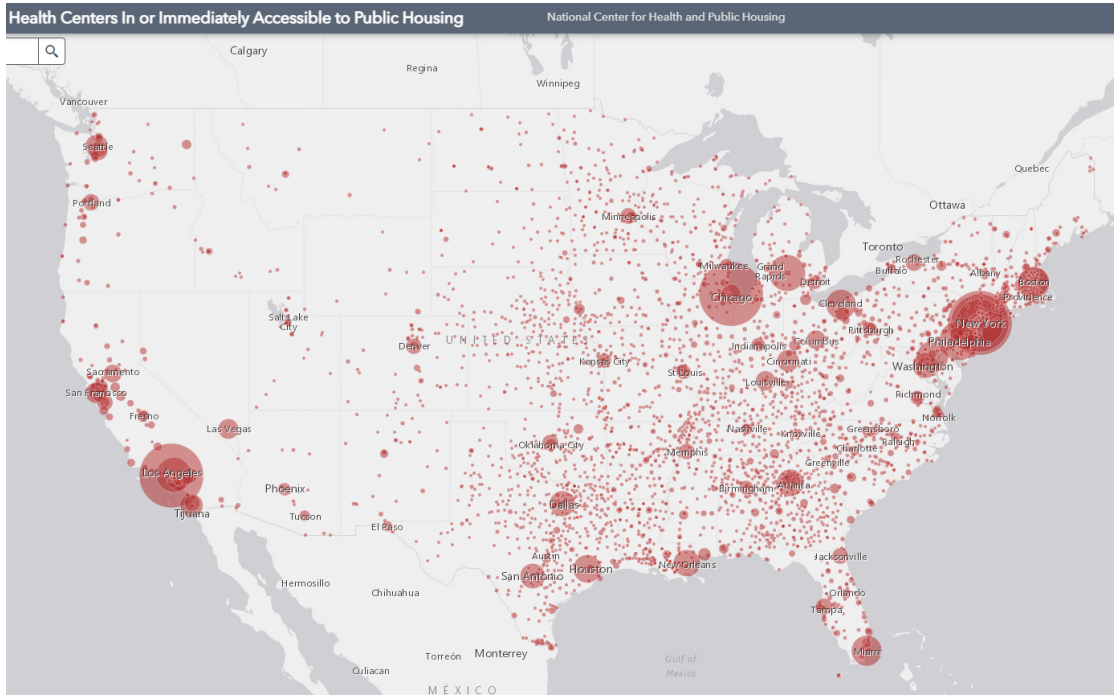
ICE BREAKER

What's your favorite vacation spot?

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

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Learning Collaborative Expectations

1. Make a personal commitment to come prepared and to actively contribute to the group. (all sessions are interactive)
2. Be willing to make mistakes
3. It's always OK to say "pass" or that you don't know.
4. Respect differences in people's background preparation and thinking styles.
5. Assume that everybody in the group is doing their best and working to progress. (Peer-to-peer learning)
6. Give each other the opportunity to speak and ask questions.
7. If you have been speaking a lot, step back and give others a turn.
8. Be an active listener: listen fully and ask for clarification if needed.
9. Help others clear up confusion productively, focusing on the points of confusion and not the person.
10. The participants, SMEs and facilitators all learn from each other.

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Learning Objectives

1. Review session 1 highlights
2. Analyze barriers to colorectal cancer screening
3. Discuss how nutrition and exercise education need to be included in our post screening conversations

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Colorectal Cancer Data among Health Center Patients

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Emotional Wellbeing and Housing Status: 2022 HRSA Health Center Patient Survey

n (weighted) = 27,224,243

Symptoms reported in past 12 months	All other Housing (%)	95% CI	All HUD-assisted* (%)	95% CI	*p*	Public Housing (%)	95% CI	*p*
Any feelings of worthlessness	15.2	12.2-18.7	21.1	13.7-30.1	0.15	26.1	15.0-41.4	0.046
Any feelings that everything is an effort	29.8	25.4-34.5	43.1	32.4-54.6	0.009	40.7	27.5-55.4	0.13
Feeling everything is an effort all or most of the time	9.4	7.2-12.1	17.2	10.9-23.5	0.012	9.4	4.8-17.5	0.86
Any feelings of hopelessness					17	29		6
Feeling hopeless most or all of the time					4	5		3
Any feelings of restlessness or fidgeting					67	41		6
Any feelings of nervousness	39.12	34.3-44.1	40.9	31.73-50.7	0.07	39.5	26.9-53.7	0.9
Feeling nervous all or most of the time	8.3	6.3-10.9	10.9	6.9-17.0	0.28	12.7	6.3-24.0	0.24
Any feelings of extreme sadness	29.1	25.2-33.3	41.1	31.6-51.3	0.013	44.6	30.1-60.1	0.034

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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Feeling everything is an effort all or most of the time	9.4	7.2-12.1	17.2	10.9-23.5	0.012	9.4	4.8-17.5	0.86
Any feelings of hopelessness	18.3	15.2-21.7	24.1	16.1-34.5	0.17	29.5	17.5-45.4	0.06
Feeling hopeless most or all of the time	3.8	2.6-5.6	5.4	2.5-11.2	0.4	5.4	1.7-15.5	0.58
Any feelings of restlessness or fidgeting	34.3	29.6-39.4	42.1	33.9-50.8	0.067	41.3	27.6-56.6	0.35
Any feelings of nervousness	39.12	34.3-44.1	40.9	31.73-50.7	0.07	39.5	26.9-53.7	0.9
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Practice Recommendations: HRSA Patient Survey

Question MEN1B_r (recode)

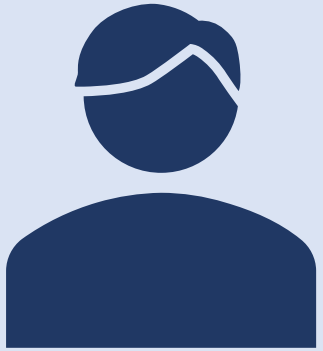
"During the past 30 days how often did you feel that everything was an effort"

Percent of patients reporting any feelings of nervousness in the past 30 days:

All FQHC* patients

29.8%

CI: 25.4-34.5



All HUD-Assisted*

43.1%

CI: 32.4-54.6

Link to Resource: [2022 Health Center Patient Survey]

Practice Recommendations: HRSA Patient Survey

Question MEN1E_r (recode)

"During the past 30 days how often did you feel that everything was an effort all or most of the time?"

Percent of patients reporting any of these feelings in the past 30 days:

All FQHC* patients

9.4%

CI: 7.2-12.1

All HUD-Assisted*

17.2%

CI: 4.8-17.5

Link to Resource: [2022 Health Center Patient Survey]

Practice Recommendations: HRSA Patient Survey

Question MEN1a (recode)

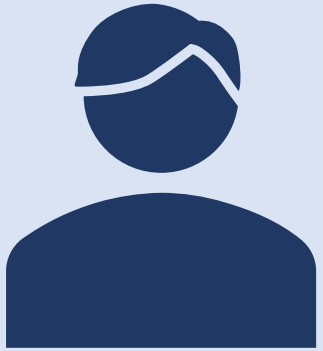
"During the past 30 days, how often did you feel so sad that nothing could cheer you up?

Percent of patients reporting these feelings in the past 30 days:

All FQHC* patients

29.1%

CI: 25.2-33.3



All HUD-Assisted*

41.1%

CI: 31.6-51.3

Link to Resource: [2022 Health Center Patient Survey]

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-	73.4	40.5	0.49	62.0	67.8	0.58
Patient has ever had a blood stool test, age 65+								
Patient 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

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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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**
Patient 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

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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

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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	

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

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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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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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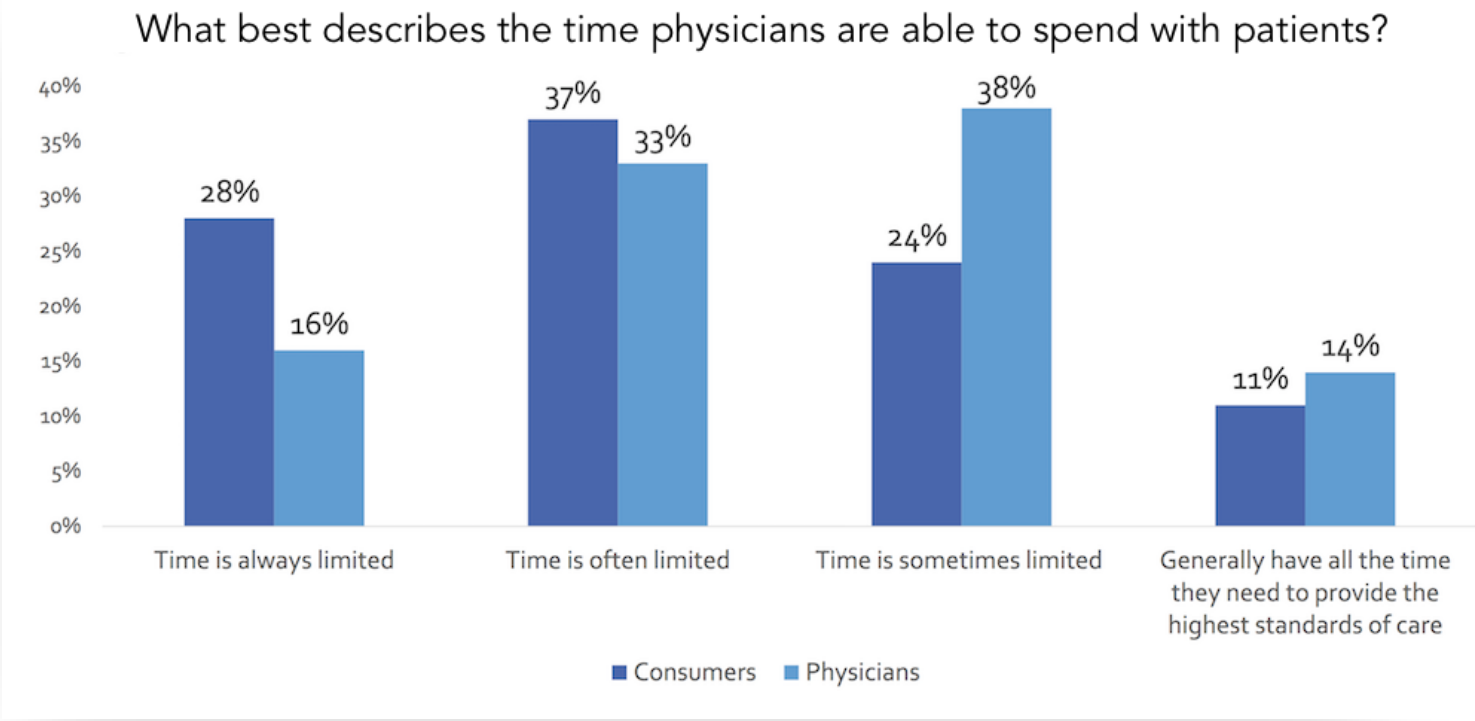
Not Enough Time for Care



Source: AAFP
https://www.aafp.org/pubs/fpm/blogs/gettingpaid/entry/patients_and_physicians_agree_not_enough_time_for_care.html

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Unwillingness to participate in colorectal cancer screening: Examining fears, attitudes, and medical mistrust in an ethnically diverse sample of adults 50 years and older

The purpose of this study was to identify psychosocial and sociodemographic factors associated with unwillingness to undergo CRC screening among a diverse sample of adults 50 years and older. We attempt to determine which psychosocial factors are associated with unwillingness to participate in CRC screening so that such factors can be targeted in health promotion/education efforts to reduce fears and increase screening efficacy. We hypothesized that perceived cancer screening effectiveness, fear, medical mistrust, and socioeconomic status are associated with unwillingness to participate in CRC screening

Findings suggest that CRC health initiatives should focus on increasing knowledge; addressing fears, mistrust, normalize CRC screening as a beneficial preventive practice; and increase focus on older adults

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3807238/

Recommendation Summary

Population	Recommendation	Grade
Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	A
Adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	B
Adults aged 76 to 85 years	The USPSTF recommends that clinicians selectively offer screening for colorectal cancer in adults aged 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient's overall health, prior screening history, and preferences.	C

USPTF Colorectal Cancer Screening Recommendations

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Screening Guidelines

For screening, people are considered to be at average risk if they **do not** have:

- A personal history of colorectal cancer or certain types of polyps
- A family history of colorectal cancer
- A personal history of inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- A confirmed or suspected hereditary colorectal cancer syndrome, such as familial adenomatous polyposis (FAP) or Lynch syndrome (hereditary non-polyposis colon cancer or HNPCC)
- A personal history of getting radiation to the abdomen (belly) or pelvic area to treat a prior cancer

Test options for colorectal cancer screening

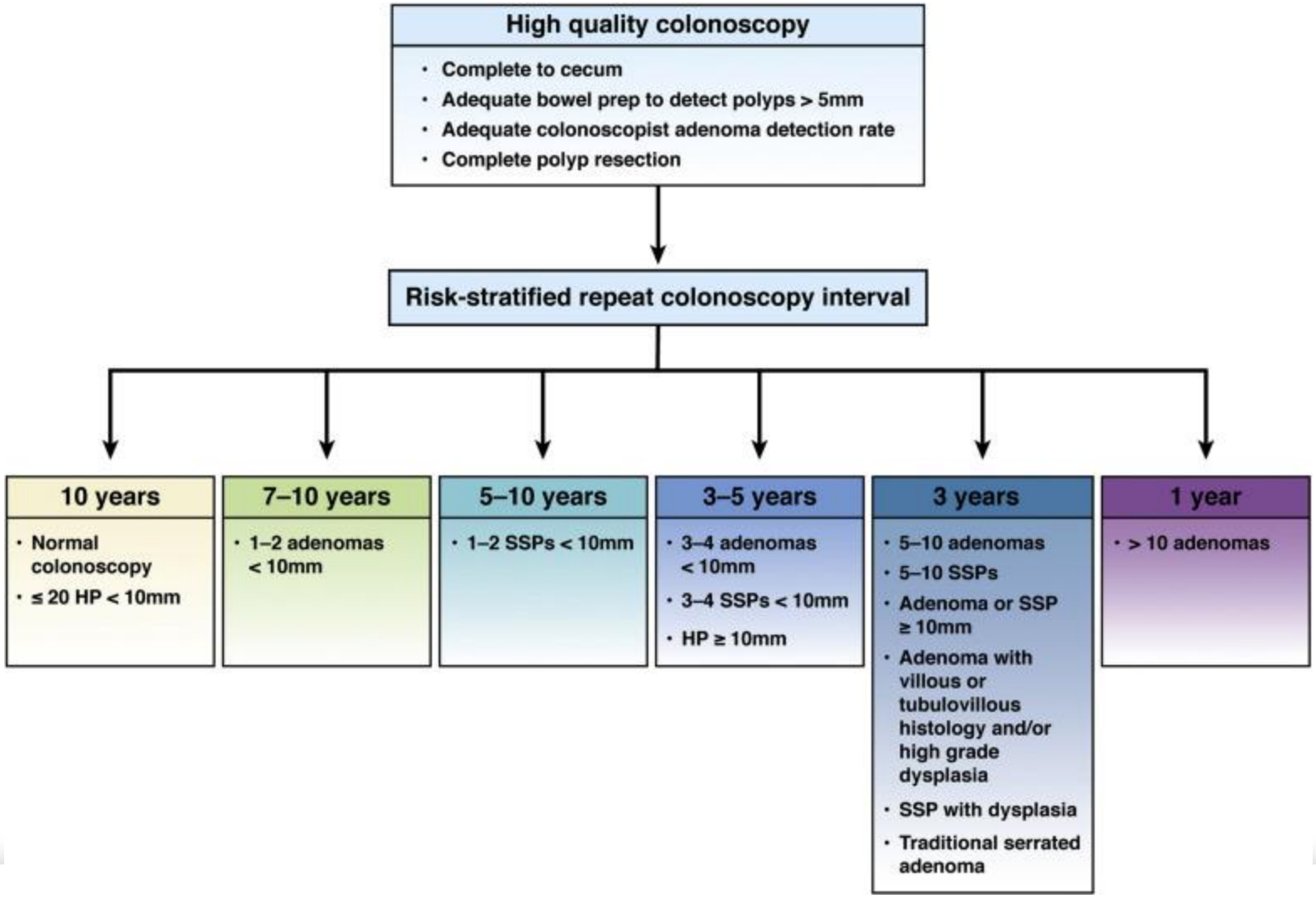
Several test options are available for colorectal cancer screening:

Stool-based tests

- Highly sensitive fecal immunochemical test (FIT) every year
- Highly sensitive guaiac-based fecal occult blood test (gFOBT) every year
- Multi-targeted stool DNA test with fecal immunochemical testing (MT-sDNA or sDNA-FIT or FIT-DNA)) every 3 years

Visual (structural) exams of the colon and rectum

- Colonoscopy every 10 years
- CT colonography (virtual colonoscopy) every 5 years
- Sigmoidoscopy every 5 years



Source: gastrojournal.org

Case Study

A 47-year-old patient presents for a routine physical examination. The patient does not have a history of colorectal cancer, inflammatory bowel disease, or adenomatous polyps or a family history of colorectal cancer. The patient's body mass index is 29 kg per m^2, and the A1C level at their last visit was 5.9%. The patient has not been screened for colorectal cancer in prior visits and is hesitant to get screened.

Group Discussion: 3 questions

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Poll Question 1

According to the U.S. Preventive Services Task Force (USPSTF) recommendation statement, how should this patient be counseled regarding the need for colorectal screening?

•A. Only adults at increased risk of colorectal cancer should begin screening at 45 years of age.

•B. Regardless of risk factors, all patients should be screened for colorectal cancer starting at 45 years of age.

•C. The patient is at increased risk of colorectal cancer because of an abnormal body mass index and A1C level and should be offered screening at today's visit.

•D. The patient has no personal or family history of colorectal cancer, so routine screening should begin at 50 years of age.

•E. The net benefit of screening for colorectal cancer is small, so the patient should be referred to screening only if a strong preference is expressed after engaging in shared decision-making.

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Poll Question 2

2. According to the USPSTF recommendation statement, how does the patient's age affect the counseling approach to screening for colorectal cancer? Which of the following statements is **false**.

•A. Screening from 76 to 85 years of age should be based on the patient's individual factors because the net benefit of screening for colorectal cancer is small in this age group.

•B. Although balancing the risk of disease with increasing potential harms of screening, continuing to screen for colorectal cancer from 50 to 75 years of age remains important.

•C. The incidence of colorectal cancer is similar in all adults from 45 to 75 years of age; therefore, the patient's age is not an important risk factor.

•D. In patients 86 years and older, screening likely does not confer a survival benefit that surpasses the harms of screening and should not routinely be offered.

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Poll Question 3

3. According to the USPSTF recommendation statement, which one of the following is an appropriate test and interval for colorectal cancer screening?

- A. Stool DNA test with fecal immunochemical testing (sDNA-FIT) every five years.
- B. High-sensitivity guaiac fecal occult blood test (gFOBT) or FIT every five years.
- C. Flexible sigmoidoscopy every seven years.
- D. Colonoscopy every 10 years.
- E. Computed tomography colonography every 10 years.

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Top 5 reasons people don’t get screened for colorectal cancer

- They heard the test is difficult or painful, and they may be embarrassed to discuss colorectal cancer screening with their doctor. (Some tests can be taken at home with no pain or discomfort.)
- Because they have no family history, they think they aren’t at risk and don’t have to be screened. (Major groups like the ACS recommend screening for all individuals at average risk.)
- They think screening is only for those who have symptoms. (Screening should be done even without symptoms.)
- They are concerned about the cost of the test.(At-home tests are very affordable, and insurance covers most costs.)
- Finally, and perhaps most importantly, they are concerned about the complexity and costs of screening, including taking time off from work, getting a ride home, and high out-of-pocket expenses. (Some tests don't have these issues.)

Source: American Cancer Society

Patients' Self-Reported Barriers

Fear or worry

Financial difficulties

Logistical challenges

Lower priority

No recommendation: lack of information

Discomfort/disgust with procedure

Discomfort/disgust with prep

Medical distrust

Religious reasons

"Don't want to"

Patients' self-reported barriers to colon cancer screening in federally qualified health center settings
https://www.sciencedirect.com/science/article/pii/S2211335519300750

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Case study

A 59-year-old female kindergarten teacher presents for a checkup. She has no complaints and has not seen a physician for over 10 years. According to her, she has no significant past medical history, takes no medications, and has no allergies. She lives with her husband and has two grown children who are married. She occasionally drinks alcohol (one to two drinks per week) and has smoked one pack of cigarettes per day for 30 years. She has a younger sister who was recently diagnosed with a "colon polyp" at the age of 55 years. She comes today because she is worried that she might develop colorectal cancer.

Other information:

BP 142/86 P 72 R16 T 99

Hgt 5ft 6 in Wgt 165 BMI 26.6

Case study discussion

What risk factors can you identify on this patient?

Colorectal cancer risk factors

Colorectal cancer risk factors you can change

Being overweight or obese

Not being physically active

Certain types of diets

Smoking

Alcohol use

Colorectal cancer risk factors you cannot change

Personal history of colorectal cancer/polyps
Personal history of IBD
Family history of colorectal cancer/polyps
Inherited syndromes
Racial and ethnic background
Type 2 diabetes
Previous treatment for certain cancers
Night shift work

Source: American cancer society

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Seven Ways to protect your colorectal health

1. Get screened for colorectal cancer
2. Eat lots of vegetables, fruits, and whole grain
3. Eat less red meat
4. Get regular exercise
5. Take control of your weight
6. Do not smoke
7. Avoid alcohol

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Barriers and Facilitators to Healthy Eating and Physical Activities (Breakout Room)

Barriers to Healthy Eating

1.

2.

3.

Facilitators of healthy eating

1.

2.

3.

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Barriers and Facilitators to Healthy Eating and Physical Activities (Breakout Room)

Barriers to physical activities:

1.

2.

3.

Facilitators to physical activities:

1.

2.

3.

Barriers and Facilitators to healthy eating

- Lack of time and competing priorities
- Cost of healthy food
- Adjusting habits to favor a healthier diet
- Food environment barriers and geographic isolation
- Difficulty avoiding unhealthy food at community venues or gatherings
- Ability to grow and produce food
- Access to farmers' market and farm share

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Healthy eating starts with eating a variety of healthy foods each day, such as eating plenty of fruits, vegetables, whole grains and protein foods. Choose protein foods that come from plants more often.

Choose food with healthy fats instead of saturated fat.

Limit highly processed foods. If you choose these foods, eat them less often and in small amounts.

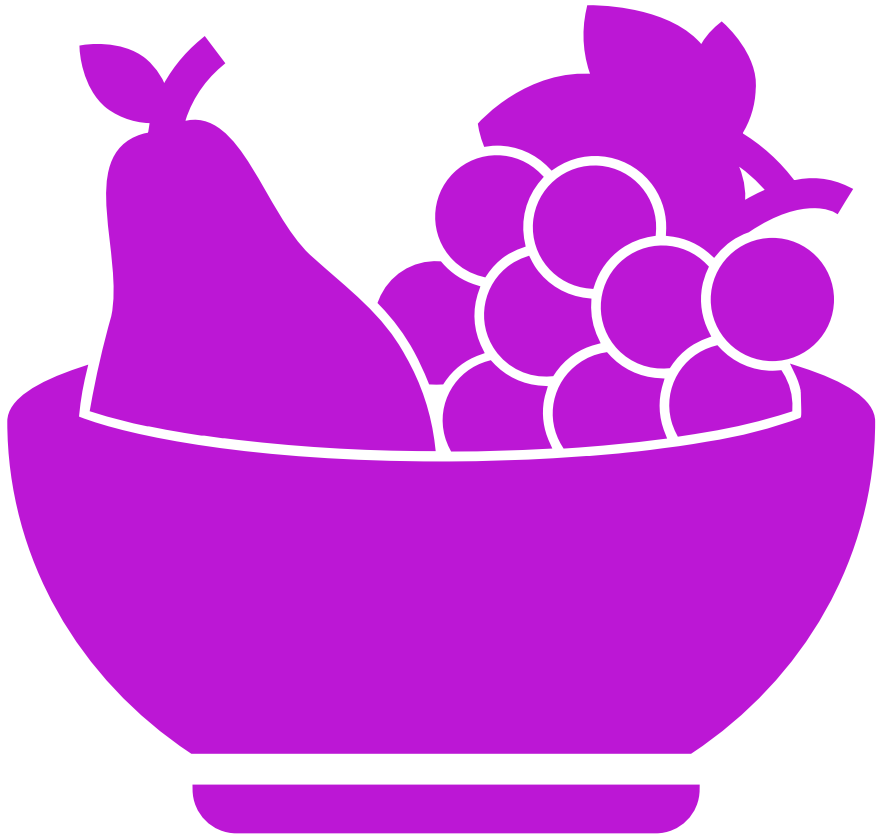
Prepare meals and snacks that have little to no added sodium, sugars, or saturated fat.

Choose healthier menu options when eating out.

Make water your drink of choice. Replace sugary drinks with water.

Use food labels.

Be aware that food advertising can influence your choices.



Barriers and facilitators to physical activities

- Lack of time and competing priorities
- Competition with activities that promote sedentary behavior
- Social norms and stigma
- Built environment barriers and geographic isolation
- Building physical activity into daily routines
- Social support
- Affordable and accessible fitness venues

How might physical activity be linked to reduced risks of cancer?

Exercise has many biological effects on the body, some of which have been proposed to explain associations with specific cancers. These include:

Lowering the levels of sex hormones, such as estrogen, and growth factors that have been associated with cancer development and progression (20) *[breast, colon]*

Preventing high blood levels of insulin, which has been linked to cancer development and progression (20) *[breast, colon]*

Reducing inflammation

Improving immune system function

Altering the metabolism of bile acids, decreasing exposure of the gastrointestinal tract to these suspected carcinogens (21, 22) *[colon]*

Reducing the time it takes for food to travel through the digestive system, which decreases gastrointestinal tract exposure to possible carcinogens *[colon]*

Helping to prevent obesity, which is a risk factor for many cancers

Source: National Cancer Institute
https://www.cancer.gov/about-cancer/causes-prevention/risk/obesity/physical-activity-fact-sheet

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Common Roadblocks

"I don't have time."—Try doing short chunks of activity throughout the day, like 10-minute walks.

"I'm stressed."—Exercise can help relieve stress. Find easy ways to add activity to routines you already have, like taking a walk after meals.

"I don't have enough energy."—Remember that exercise may actually improve your energy after you get started.

"I'm too overweight."—It's okay to start with a small, simple goal that's easy to reach, like a 5-minute walk after breakfast. Even a little bit adds up over time.

"I don't like to exercise around other people."—Find ways to exercise at home, like getting a workout DVD.

"I don't have the money to join a gym."—You can get an exercise DVD from the library or take walks near your house.

Q&A Session

Complete our Post Evaluation Survey

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Upcoming LC Sessions

Session 3 (03/27/2024): Colorectal cancer screening messaging

Session 4 (04/03/2024): Interventions engaging CHWs

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Thank you!