Colorectal Cancer Screening Interventions: Webinar on Community Health Worker (CHW) Engagement

Dr. Kevin Michael Lombardi MD, MPH

Director of Research
The National Center for Health in Public Housing
North American Management

December 19th, 2024

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

Video Conference via ZOOM

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- This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $668,800 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
- 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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Moderators

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

Fide Pineda Sandoval, CHES
Manager of Training and Technical Assistance

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Dept of Research T/TA Model

- Literature Review
- Clinical case review
- Epidemiology
- Discussion
- Findings and recommendations
- Implementation and advising

National Center for Health in Public Housing

Colorectal Cancer Screening Recommendations

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Enhancing Health Care Delivery for Residents of Public Housing

Colon Cancer Screening: Health Center Perspectives and Screening Recommendations

Populations & Screening Recommendations:

Adults 50-75 Years:
The United States Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer in all adults aged 50 to 75 years.

Adults 45-49 Years:
The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years (new recommendation).

Adults 76-85 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.

Source: US Preventive Services Task Force (USPSTF) Recommendation Statement

Grade:

A Adults 50-75 Years

B Adults 45-49 Years

C Adults 76-85 Years

Link to publication: Colorectal Cancer Screening Rec.

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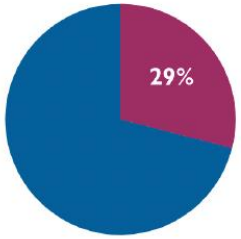
Epidemiology; Colorectal Cancer Screening at Health Centers

Most Common Reasons for Not Obtaining Colon Cancer Screening Among Public Housing Primary Care Patients



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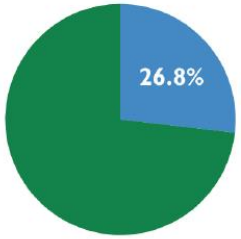

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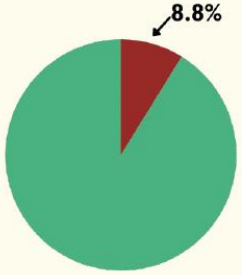

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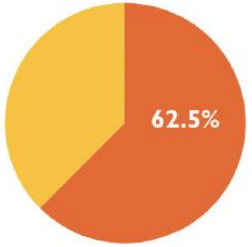
Public Housing Primary Care Patient Reasons for Obtaining Last Colon Cancer Screening



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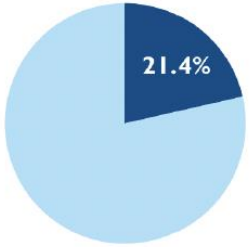

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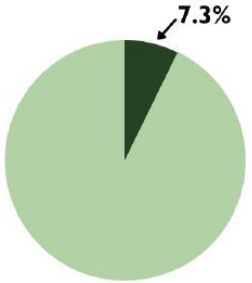

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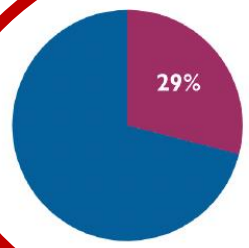

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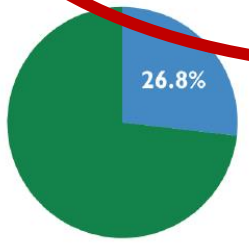

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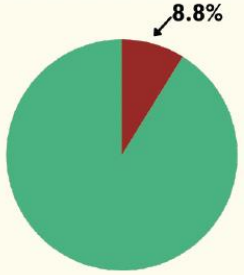

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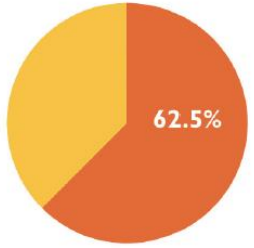

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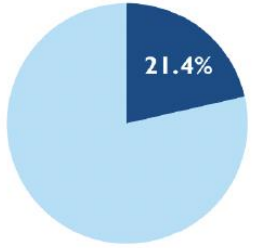

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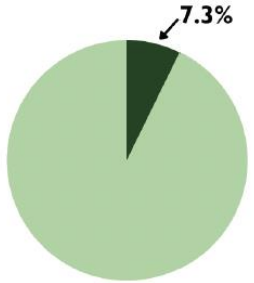

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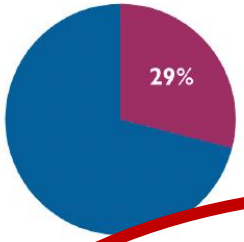

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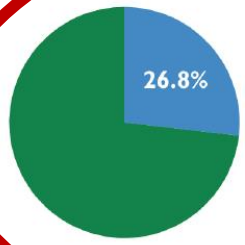

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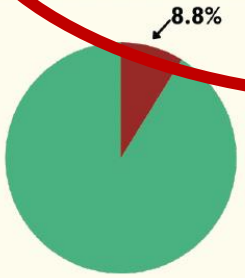

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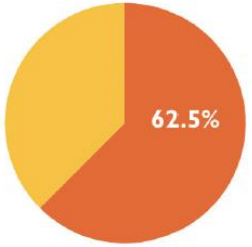

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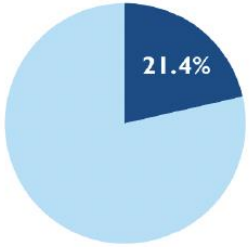

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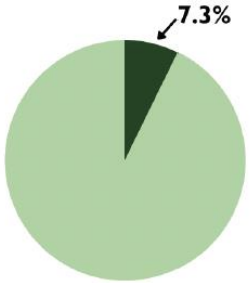

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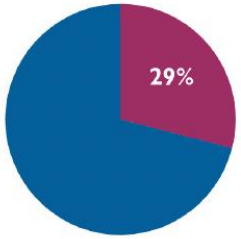

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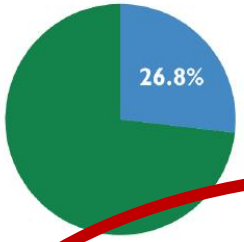

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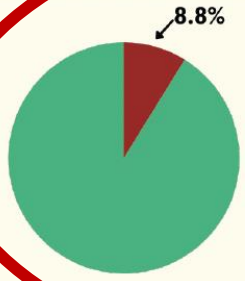

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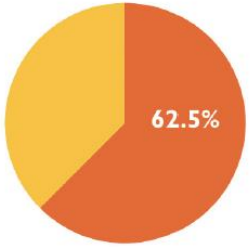

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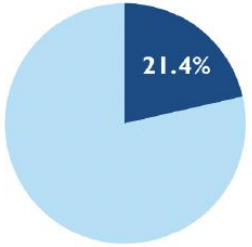

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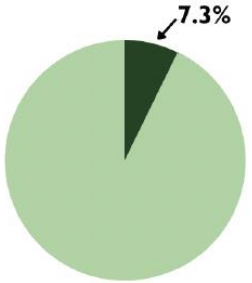

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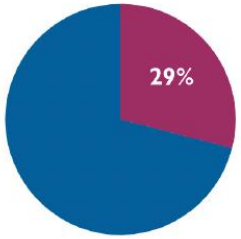

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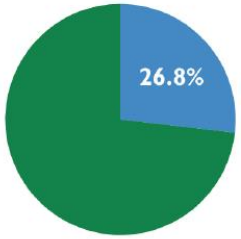

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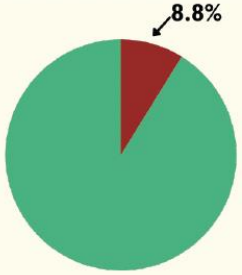

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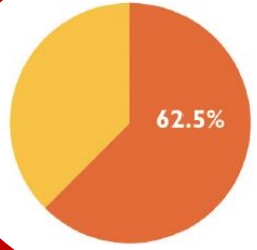

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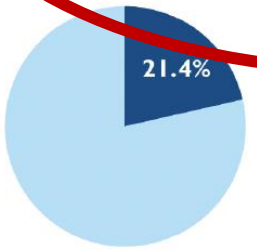

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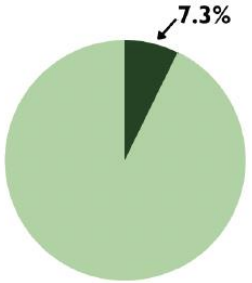

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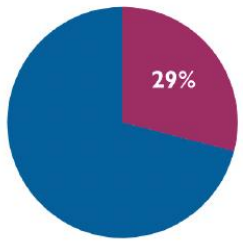

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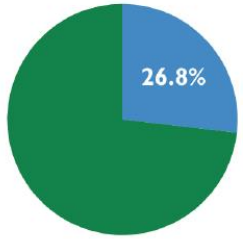

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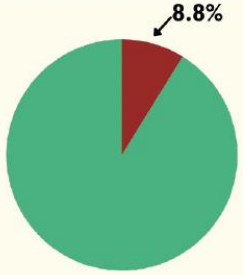

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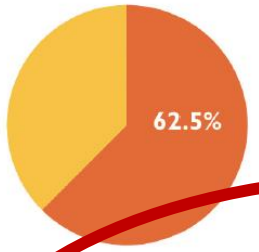

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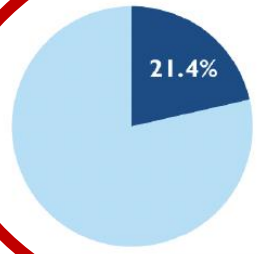

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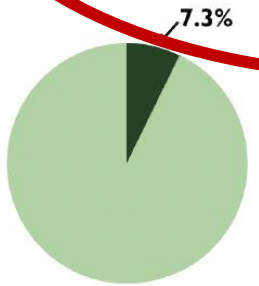

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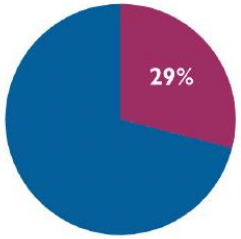

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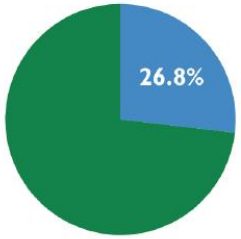

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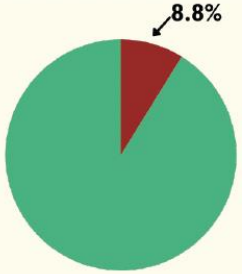

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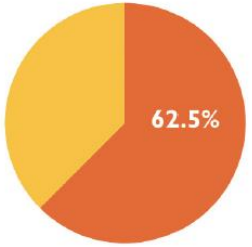

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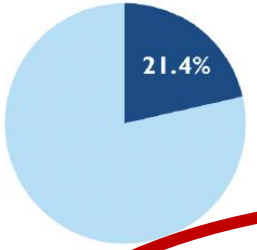

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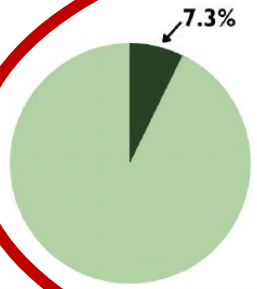

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Epidemiology; Colorectal Cancer Screening at Health Centers

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	63.9	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	85.1-94.8	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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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*

Epidemiology; Colorectal Cancer Screening at Health Centers

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	

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

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Literature Review: USPTF

Engaging Community Health Workers to Increase Cancer Screening: A Community Guide Systematic Economic Review

Sharon Attipoe-Dorcoo [1], Sajal K Chattopadhyay [2], Jacob Verughese [1], Donatus U Ekwueme [3], Susan A Sabatino [3], Yinan Peng [1]; Community Preventive Services Task Force

Affiliations + expand

PMID: 33309455 DOI: 10.1016/j.amepre.2020.08.011

Abstract

Context: The Community Preventive Services Task Force recommends engaging community health workers to increase breast, cervical, and colorectal cancer screenings on the basis of strong evidence of effectiveness. This systematic review examines the economic evidence of these interventions.

Evidence acquisition: A systematic literature search was performed with a search period through April 2019 to identify relevant economic evaluation studies. All monetary values were adjusted to 2018 U.S. dollars, and the analysis was completed in 2019.

- "Engaging community health workers to increase cervical and colorectal cancer screenings is cost effective on the basis of estimated incremental cost-effectiveness ratios that were less than the conservative $50,000 per quality-adjusted life year threshold."

- "In addition, quality-adjusted life years saved from colorectal screening with colonoscopy were associated with net healthcare cost savings."

Link to publication: USPTF

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Literature Review: Systematic Review

Published in final edited form as:
Am J Prev Med. 2023 April ; 64(4): 579–594. doi:10.1016/j.amepre.2022.10.016.

CHWs to Increase Cancer Screening: 3 Community Guide Systematic Reviews

Devon L. Okasako-Schmucker, MPH[1], Yinan Peng, PhD, MPH[1], Jamaicia Cobb, MPH[1], Leigh Ramsey Buchanan, PhD[2], Ka Zang Xiong, MPH[1], Shawna L. Mercer, PhD[1], Susan A. Sabatino, MD, MPH[3], Stephanie Melillo, MPH[3], Patrick L. Remington, MD, MPH[4], Shiriki K. Kumanyika, PhD, MPH[5], Beth Glenn, PhD[6], Erica S. Breslau, PhD, MPH[7], Cam Escoffery,

Address correspondence to: Yinan Peng, PhD, MPH, Community Guide Office, CDC, 1600 Clifton Road, MailstopV25-5, Atlanta GA 30329. ypeng@cdc.gov.

Names and affiliations of Community Preventive Services Task Force members can be found at: https://www.thecommunityguide.org/task-force/community-preventive-services-task-force-members.

CRediT author statement

- ***CHW interventions increased cervical cancer screening by 12.8%.***
- ***CHW Interventions increased colorectal cancer screening (all modalities) by 10.5%***

Link to publication: Okasako-Schmucker et al.

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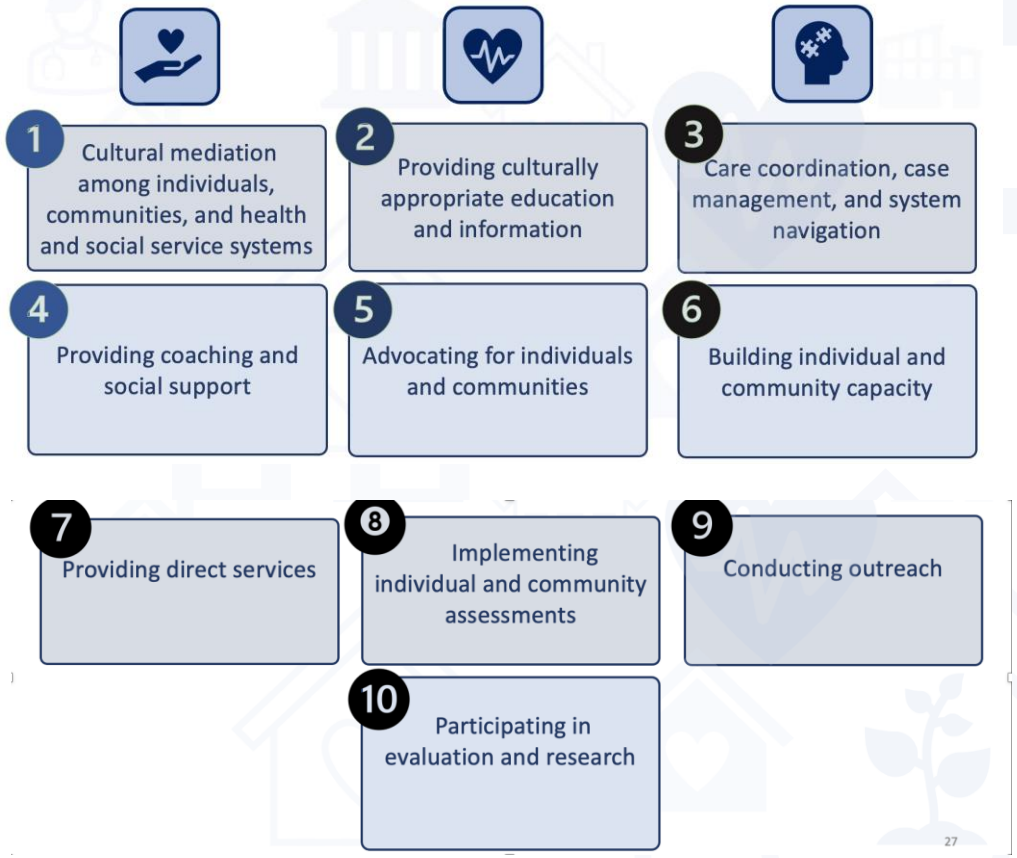
Core Roles with Measured Impacts: Community Health Workers

1. Cultural mediation among individuals, communities, and health and social service systems
2. Providing culturally appropriate education and information
3. Care coordination, case management, and system navigation
4. Providing coaching and social support
5. Advocating for individuals and communities
6. Building individual and community capacity

Core Roles with Measured Impacts: Community Health Workers



- **Greater increases in screening were reported for interventions that provided group education vs. individual education.**
- **Greater uptake of offered services when CHWs were involved.**
- **Interventions were slightly more effective when both in-person and virtual interactions with CHWs were used.**
- **Similar level of engagement and uptake of services when seen one vs two times by the CHWs.**
- **For interventions with long-term CHW involvement (median 4 months) longer interventions had a more robust impact.**

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Core Roles with Measured Impacts: Community Health Workers

7 Providing direct services

8 Implementing individual and community assessments

9 Conducting outreach

10 Participating in evaluation and research

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Case Study: Colon Cancer Screening

Mr. Thomson is a 57 year-old man who presents for a wellness exam at his Health Center. He has a past medical history of hypertension and high cholesterol. Past medical records indicate the Mr. Thomson has a history of missing his appointments, poor compliance with his medication, and switching doctors. He has been unhoused in the past, and his current housing status is unknown. His record also notes that his stated reason for his appointment today is “to refill his blood pressure medication”.

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

BP: 178/98 Weight: 145 lbs.
HR: 92
RR: 18

A review of Mr. Thomson’ medical records indicates the following:

Vitals (2022):
BP: 138/98
HR: 60
RR: 18
Weight: 210 lbs.

HbA1c: 5.2

Prescribed Medications: Chlorothiazide, Citalopram

Case Study: Disability and Heart Disease

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

National Center for Health in Public Housing

Case Study: Disability and Heart Disease

____ Yes	____ No
6. Are you unemployed or without regular income?	
☑ Yes	____ No
7. Do you need help finding a better job?	
☑ Yes	____ No
8. Do you need help getting more education?	
____ Yes	☑ No
9. Are you concerned about someone in your home using drugs or alcohol?	
____ Yes	☑ No
10. Do you feel unsafe in your daily life?	
☑ Yes	____ No
11. Is anyone in your home threatening or abusing you?	
____ Yes	☑ No

Link: To Resource

Case Study: Disability and Heart Disease

Mr. Thomson is treated by his provider. Upon physical examination Mr. Thomson is noted to be withdrawn and to exhibit closed body language. His responses are terse, and he seems irritated. His physical examination is notable for posturing, reduced reflexes and a weakened gait. He is noted to be thin in appearance.

When Questioned Regarding his results Mr. Thomson Reveals the following:

1. Mr. Thomson worked as a welder until 3 months ago when he was laid off. He has 2 months of unemployment available.
2. His Truck is unreliable. He uses uber and walks for transportation.
3. Mr. Thomson has a family history of colorectal cancer (brother, paternal grandfather)
4. Mr. Thomson has never been screened for colorectal cancer.
5. His stated reasons are “I didn’t know” and “I forgot”.
6. Mr. Thomson has been taking a half dose of his prescription medications because he can no longer afford the medication.
7. Mr. Thomson has been intermittently homeless since last month when he lost his HUD-supported housing due to nonpayment. He has been living with relatives since then.
8. When asked about his changes in weight and strength since his last visit, he attributes it to “stress”.

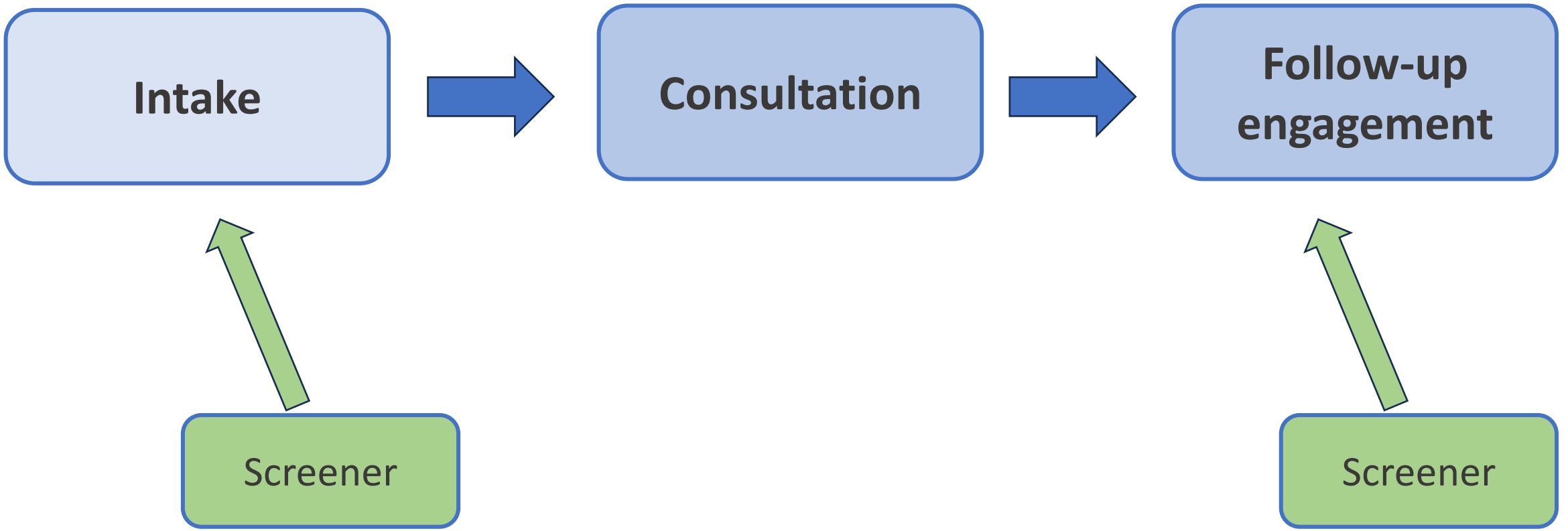
Colorectal Cancer Screening in Vulnerable Patients

Please take a moment to type your response to the following:

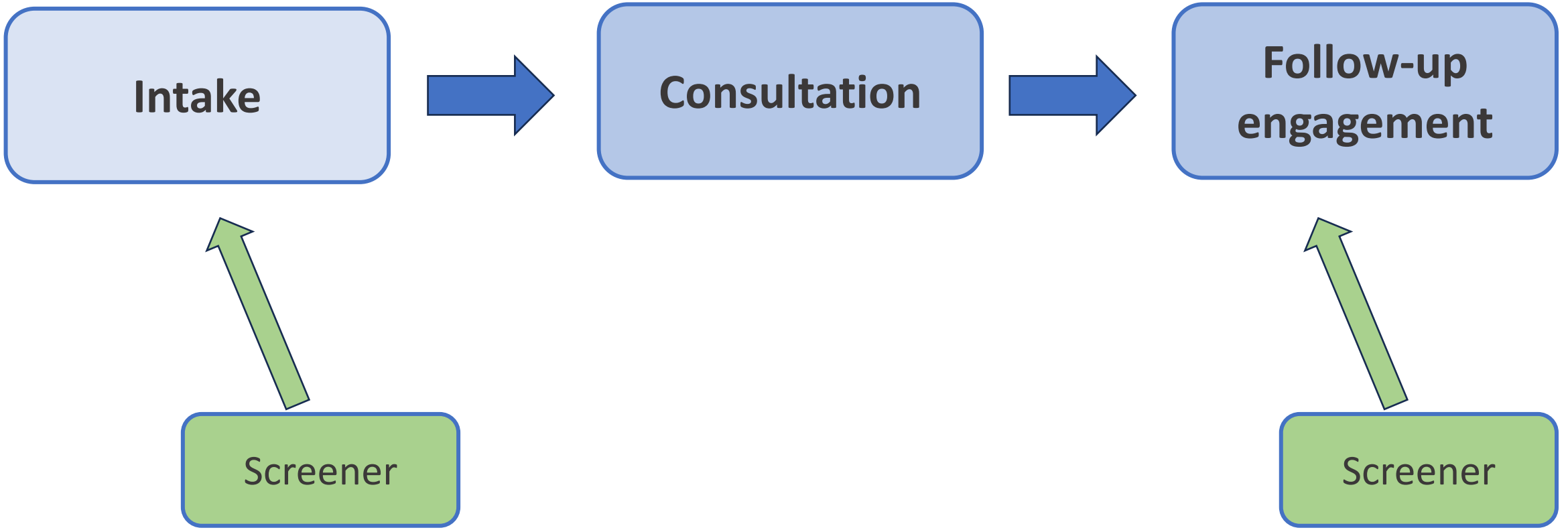
Mr. Thomson seems eager to leave the exam room after hearing the word “cancer”.

1. **What are your next steps?**
2. **What systems does your organization have to identify follow-up and socially support Mr. Thomson?**

SDOH Screening, Patients with disabilities



SDOH Screening, Patients with disabilities



SDOH Screening, Patients with disabilities

Intake

- *Relationship building Screening*
- *Networking.*

Goal Setting

- *Goals set during SDOH Screening.*

Follow-up engagement

- *Keeping focus on goals.*
- *Encouragement and networking.*

Navigation

- *Relationship building, Screening*
- *Networking.*

Coaching

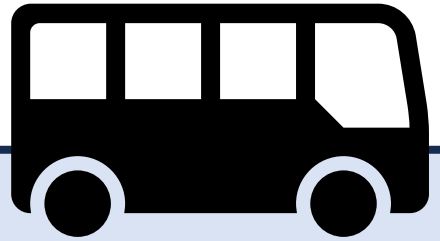
- *Relationship building Screening*
- *Goal achievement.*

Case Closure

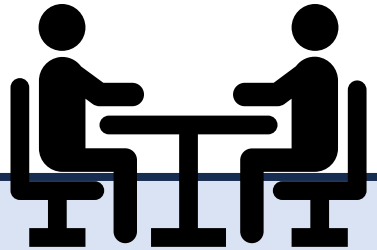
- *Closure when all goals are achieved.*

Promising practices: patients with disability

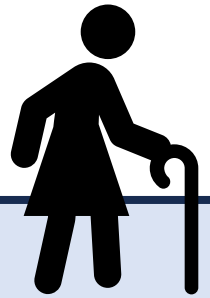
Health Centers utilize a variety of promising practices to support better outcomes in patients with chronic conditions



Investing in transportation access is among the most cost-effective interventions used by Health Centers



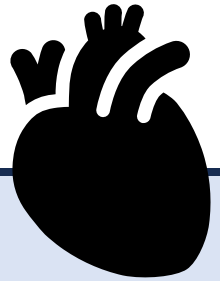
Many Health Centers have pursued partnerships with local organizations as a cost-effective manner of improving nutrition access



Home safety checks are utilized to lower fall risk for older adults who experience disability and/or chronic disease.

Promising practices: patients with disabilities

Health Centers Utilize Home Visitation to improve patient and community health in a variety of areas



FQHCs have utilized CHWs and LPNs to perform home visit follow-ups for newly diagnosed Congestive Heart Failure

Nurse-led home visits are used by Health Centers to improve Hypertension self-management in older adults.

Long-acting Injectable antipsychotics are associated with a 71% of hospital admissions. Health Centers utilize RNs and advanced providers to provide these via home-visit.

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Q & A Session

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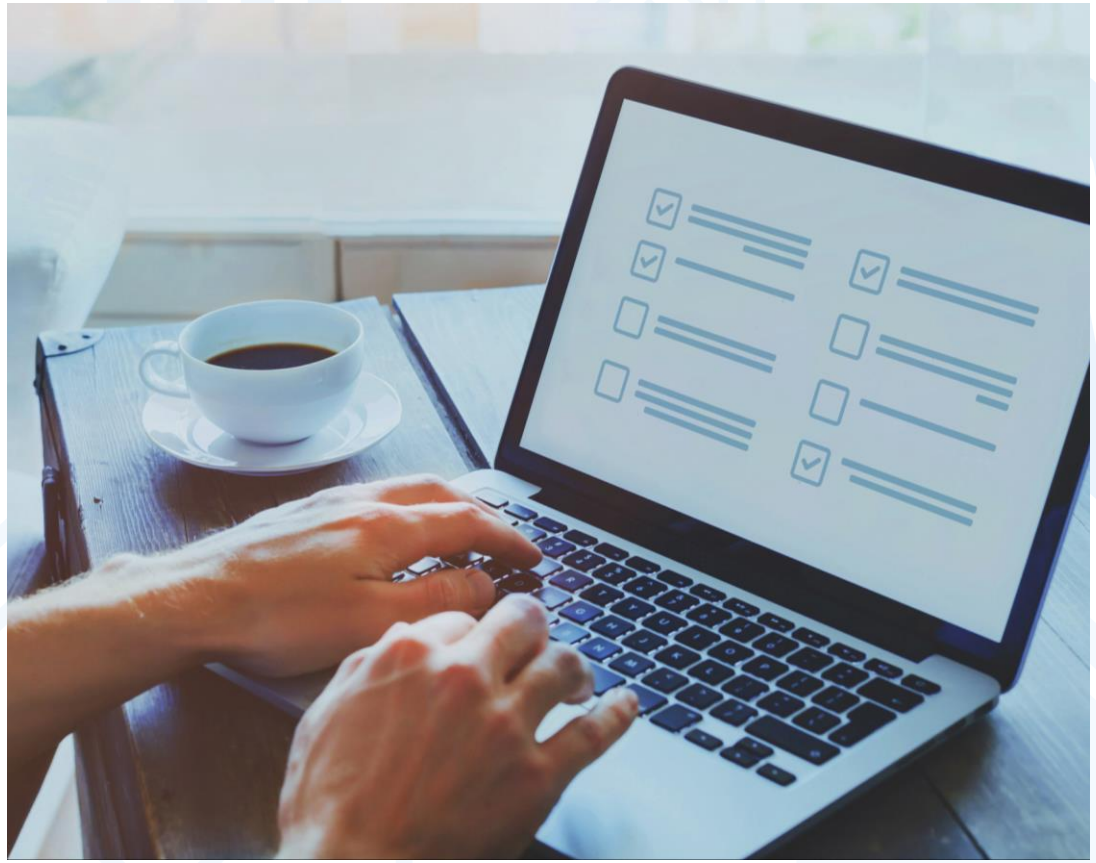
Complete Our Post Evaluation Survey



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- Access our latest publications, webinars, learning collaboratives and more!

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Upcoming Trainings

- Colorectal Cancer Screening Interventions: Webinar on Community Health Worker (CHW) Engagement
  - December 19th at 1:00 pm EDT
- Supporting and Understanding Tobacco Cessation Programs in Public Housing Primary Care 2-part Webinar Series
  - January 16th and January 23rd at 2:00pm EDT
- The Role of Health Centers in Reducing the Burden of Radon-Induced Lung Cancer—2-part Webinar Series
  - January 21st and January 28th at 3:00 pm EDT
- Community Engagement and Oral Health Access for Individuals in Public Housing
  - February 20th at 1:00 pm EDT

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Thank you and Happy Holidays!




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