

Advancing Colorectal Cancer Screening and Prevention Education for Health Center Patients – Webinar 1

National Center for Health in Public Housing



National Center for Health in Public

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- 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.



Speakers and Moderators



**Fide Pineda Sandoval,
CHES**
Training and Technical
Assistance Manager



Jose Leon, MD
Chief Medical Officer

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

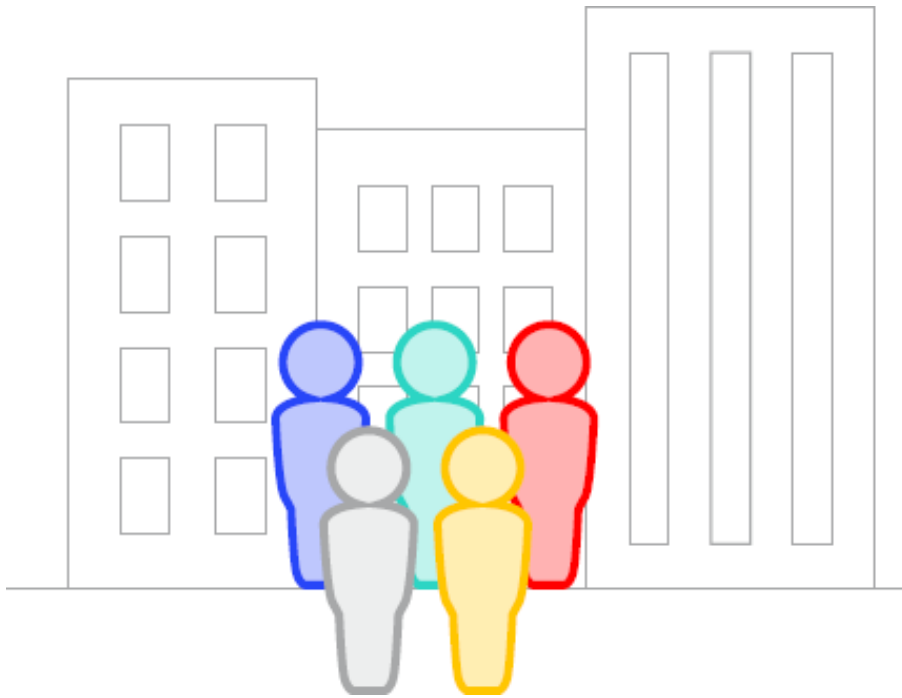
Learning Objectives

1. Identify key facts about the burden of colorectal cancer, particularly in special medically underserved populations.
2. Understand the risk factors related to colorectal cancer
3. Recognize common barriers to screening in public housing populations and explore strategies to address them



Key facts about the burden of colorectal cancer

Certain communities are at higher risk.



- American Indian and Alaska Native people have the highest rates of colorectal cancer in the US.
- Black individuals have the second-highest rates of colorectal cancer and are most likely to be diagnosed at a later stage, when the cancer has spread to other parts of the body.
- Colorectal cancer rates of new cases are highest in West Virginia, Kentucky, Alaska, Mississippi, and Louisiana.

COLORECTAL CANCER **AT A GLANCE**

Estimated new cases, 2025	Estimated deaths, 2025	Incidence rates, 2017-2021	Death rates, 2018-2022
154,270	52,900	36.9	12.9
		Average annual rate per 100,000, age adjusted to the 2000 US standard population	Average annual rate per 100,000, age adjusted to the 2000 US standard population

Did you know?

- Colorectal Cancer is expected to be the leading cause of death among 20–49-year-olds by 2030.
- Two-thirds experience symptoms for many months before they're finally diagnosed.

HRSA Uniform Data System* | Colorectal Cancer Screening Measure

[CMS130v10](#)

Description

Percentage of adults 50-75 years of age who had appropriate screening for colorectal cancer:

- Fecal occult blood test (FOBT) during the measurement period
- Flexible sigmoidoscopy during the measurement period or the four years prior to the measurement period
- Colonoscopy during the measurement period or the nine years prior to the measurement period
- FIT-DNA during the measurement period or the two years prior to the measurement period
- CT Colonography during the measurement period or the four years prior to the measurement period

Initial Population

Patients 50-75 years of age with a visit during the measurement period

<https://ecqi.healthit.gov/ecqm/ec/2022/cms130v10>

*HRSA Health Center Program's Uniform Data System is utilized by Federally Qualified Health Centers for annual reporting.

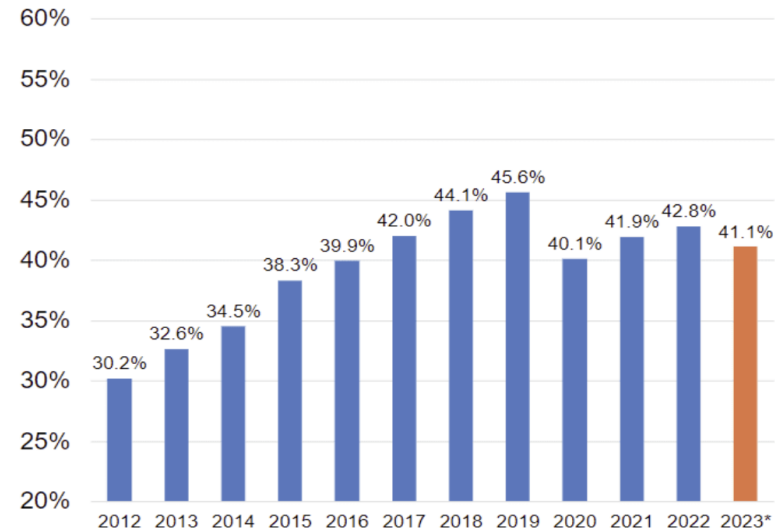
<https://data.hrsa.gov/tools/data-reporting/program-data>

National FQHC Colorectal Cancer Screening Data

Community Health Center Patients – UDS

Percentage of Federally Qualified Health Center Patients ages 50-75 years Up-to-Date with CRC Screening, Uniform Data System⁶

COMMUNITY HEALTH CENTER PATIENTS – UDS



*In 2023, health centers began reporting CRC screening for adults 45–75 years of age following previous reporting for adults 50-75 years of age. The total number of patients screened for CRC reached 3,306,873 in 2023, up from 2,769,337 in 2022.

Source: [National Colorectal Cancer Roundtable](#)

Poll Question 1

- What strategies do you use to assess for risks?

Non-modifiable Risk Factors

Existing polyps

- Personal or familial history of colorectal polyps or cancer

Genetic risk factors

- **Lynch syndrome (HPNCC)** is the most common hereditary CRC syndrome
- **Familial adenomatous polyps (FAP)** also increases cancer risk
- **About 5% of people who develop CRC have inherited gene mutations**



Non-modifiable Risk Factors



Personal history of inflammatory bowel disease



Aging



Ethnic background

Alaska Natives, American Indians, African Americans and people of Ashkenazi Jewish descent are at higher risk for colorectal cancer.



Having type 2 diabetes



Modifiable Risk Factors



Diet: Monitor what you eat and build a plan.



Physical activity: Limit sedentary behavior like watching TV.



Alcohol use: Drinking alcohol raises cancer risk.



Modifiable Risk Factors



Excess body weight: Watch portion sizes, calories, fats, and sugars.



Smoking: Tobacco use remains the leading preventable cause of death in the U.S.



RISK ASSESSMENT AND SCREENING TOOLKIT

— *TO DETECT FAMILIAL, HEREDITARY, AND EARLY
ONSET COLORECTAL CANCER* —



Colorectal Cancer Screening | **Primary Care Resource**

Risk Assessment and Screening Toolkit: To Detect Familial, Hereditary, and Early Onset Colorectal Cancer



<https://nccrt.org/resource/risk-assessment-and-screening-toolkit-to-detect-familial-hereditary-and-early-onset-colorectal-cancer/>

RISK ASSESSMENT: 4 QUESTIONS TO ASK

Question 1: Does the patient have at least one 1st degree family member or two 2nd degree family members diagnosed with colorectal cancer (CRC) or adenomatous polyps?

If diagnosed before age 55, patient requires early screening.

Question 2: In the past 2 years, has the patient noticed blood in their stool or had other symptoms that could be related to CRC?

Question 3: Does the patient have a history of colorectal polyps from a prior screening?

Question 4: Has the patient ever had a positive FIT/iFOBT result?

“YES”
to any
question is
considered
at least
INCREASED
RISK

These questions were developed by the Colorectal Cancer Prevention Network based upon peer review of scientific journals. The questions are designed to provide a simple tool to medical staff and patients alike to facilitate discussion related to CRC risk assessment and determining the appropriate CRC screening modality. These questions may not consider all increased and high-risk criteria and may not reflect guidelines published after the date of this publication (August 2021).













Common barriers to CRC screening and strategies to address them

Health Center Barriers to CRC Screening

Patient Knowledge, beliefs, and attitudes





-  Patients unaware of screening importance
-  Believe they're too healthy to need screening
-  Fear, stigma, or misconceptions about procedures
-  Discomfort around bowel health discussions or handling samples

Communication and Education Barriers




-  Hard to start conversations on screening
-  Limited time during patient visits
-  Need for better provider education tools
-  Language barriers and ethnically tailored messaging

Health Center Barriers to CRC Screening




Logistical and Access Issues

-  Missed or delayed appointments
-  Transportation or distance barriers
-  Issues returning test kits or completing follow-up
-  Limited specialist availability for uninsured patients

System-Level and Process Challenges

-  Lack of follow-up systems and tracking
-  Gaps in care coordination
-  Delays in confirmatory testing or referrals

Provider-Level Challenges

-  Some providers not directly engaged in patient care
-  Discomfort discussing sensitive health issues
-  Need for more training and resources

Colon Cancer Screening: Health Center Perspectives

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

- Part of a Routine Exam: **62.5%**
- Because of a Problem: **21.4%**
- Follow-up test of an earlier test or screening exam: **7.3%**

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

- No reason/never thought about it: **29%**
- Didn't know they needed the test: **26.8%**
- Too painful, unpleasant, or embarrassing: **8.8%**

Source: [Colon Cancer Screening: Health Center Perspectives and Screening Recommendations](#)

Poll Question 2

- What strategies do you implement to address barriers to CRC screening?

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.

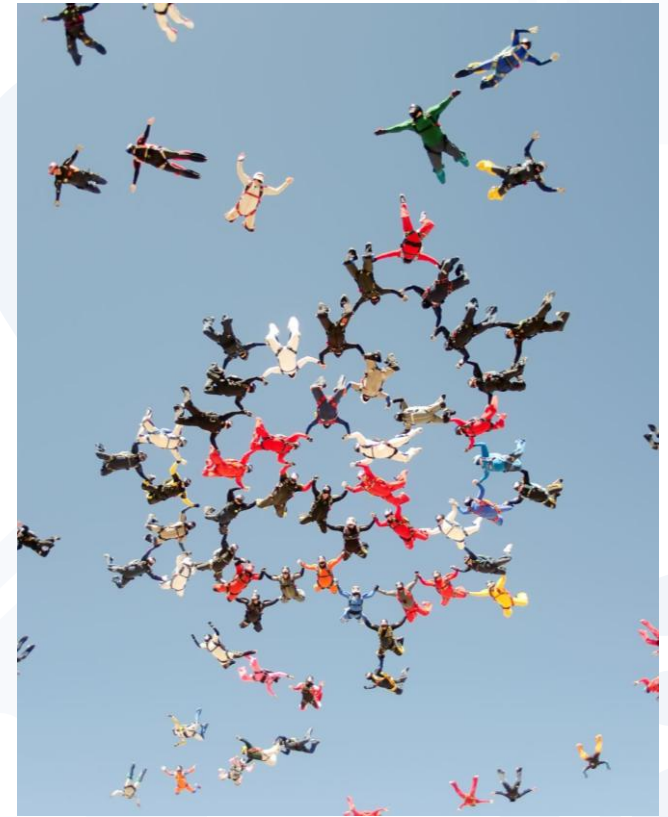
Patient Reminders

- A message from a health care provider can help patients get the cancer screenings and follow-up care they need. A [study](#) of client reminders found that these interventions increased breast cancer screenings by 12% and cervical and colorectal cancer screenings by 10%.
- Reminders can be written or verbal. Health systems can choose the approach that is best for their clinics and patients—
- **Written reminders:** letters, postcards, emails, and messages sent through online patient portals.
- **Telephone messages:** direct calls, text messages, and automated prerecorded messages.



Colorectal Cancer Messages for Targeted Populations

The most effective screening promotion messages resonate with the priority audience, both rationally and emotionally, and include a call-to-action that motivates.



Recommended Lead Time Messages

By presenting compelling information through trusted channels, tailored messaging can be extremely effective at encouraging individuals to make CRC screening a priority. Do not forget — providing enough lead time for your messaging and sharing information related to on-time screening is key.



Tested Screening Messages

1. There are several colorectal cancer screening options available, including simple take home options that don't require time off of work. Talk to your doctor about getting screened.
2. Colorectal cancer screening tests don't have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.
3. Most health insurance plans cover lifesaving preventive tests. Use the health benefits you are paying for to get screened for colon cancer. Call your doctor today.
4. Colon cancer is the second leading cause of cancer deaths in the U.S. when men and women are combined, yet it can often be prevented or detected at an early stage.



Using Effective Messaging

Important Messaging Tactics to Remember

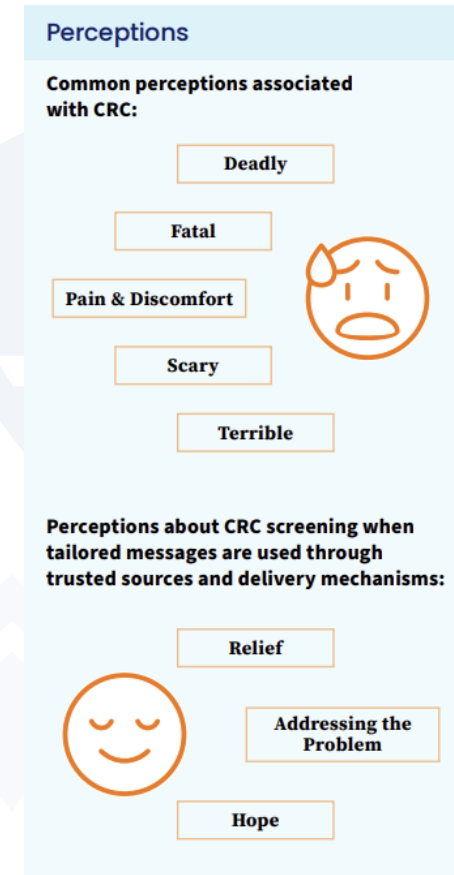
- Understanding common fears and anxiety related to CRC and CRC screening is important. Using tailored messages to help combat common fears will increase the likelihood that screening will occur on time.
- Because people have different values and motivations, impactful messaging should feel relatable. Be sure to share direct and concise information and include actionable next steps.
- Proper channels and messaging mechanisms are crucial for delivering effective messaging. A recommendation from a clinician can be highly effective at encouraging on-time CRC screening.
- Continuing to share messages about CRC, family history, and CRC screening will increase the likelihood of individuals getting screened on time.



Using Effective Messaging

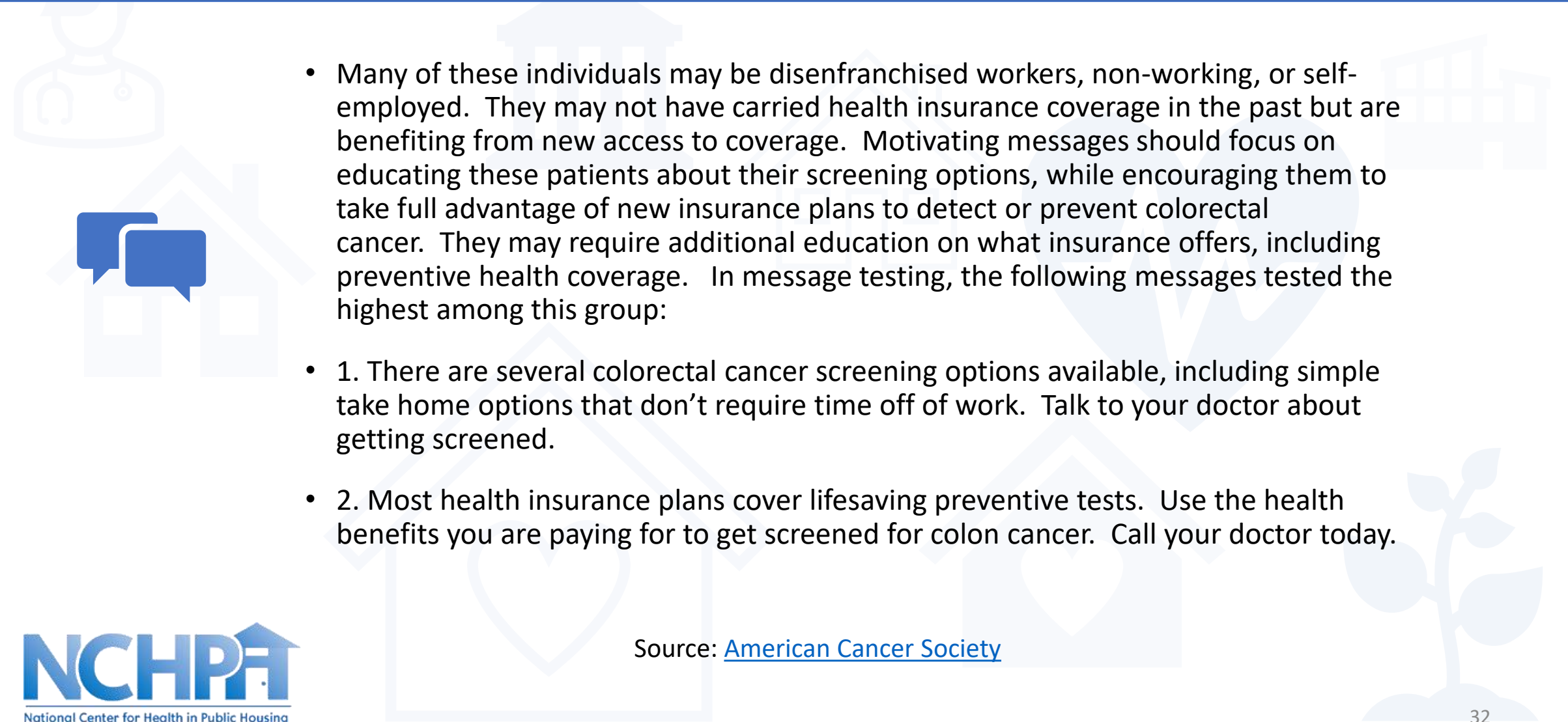
Understanding Fears and Anxiety Related to CRC and CRC Screening

- CRC and CRC screening can cause fear and anxiety that can lead many people to delay screening. It is important to understand these fears and use tactful messaging through trusted sources and delivery mechanisms to combat these feelings.



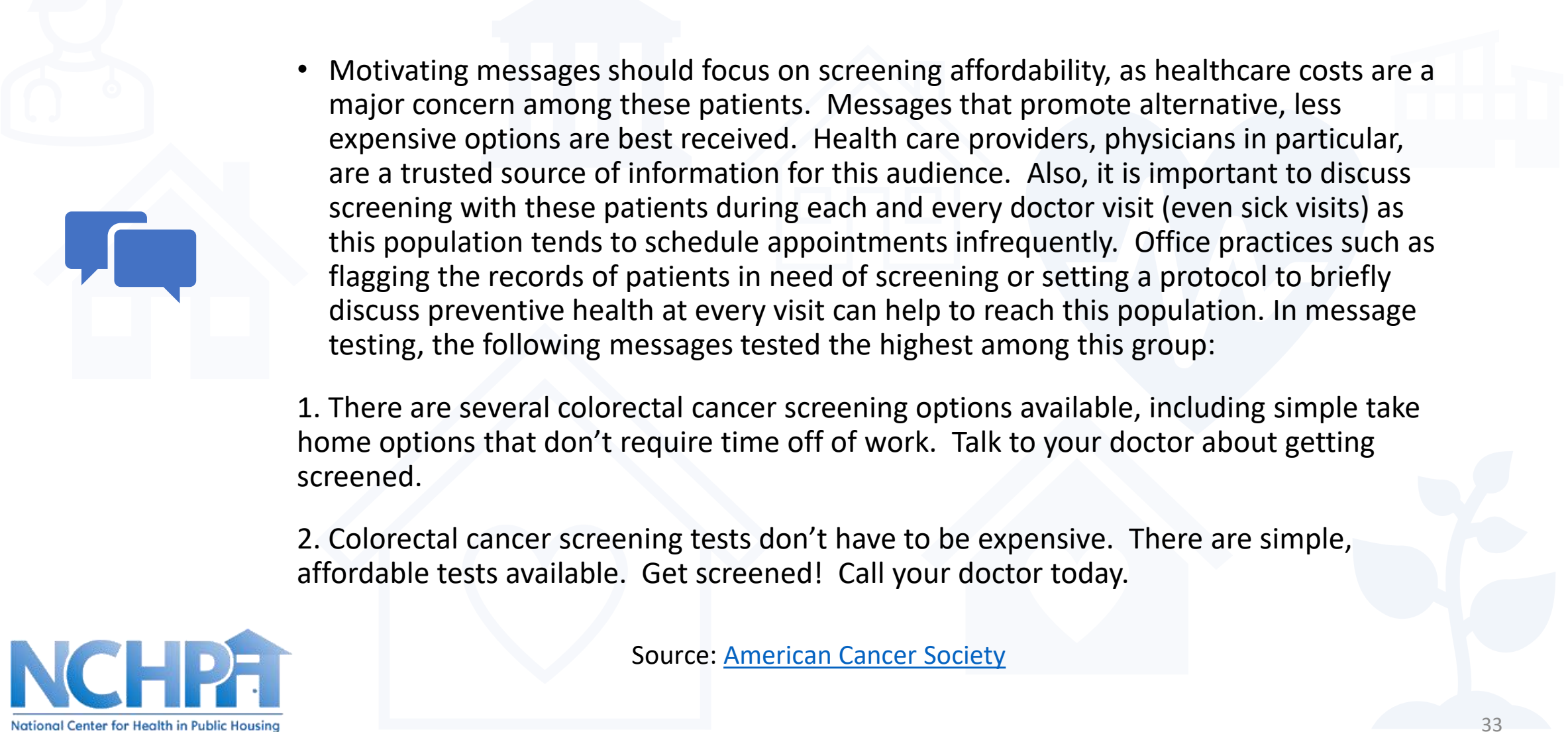
Source: <https://nccrt.org/wp-content/uploads/2023/12/2023-Lead-Time-Messaging-Guidebook-v15.pdf>

Colorectal Cancer Screening Messages for Newly Insured Patients

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- Many of these individuals may be disenfranchised workers, non-working, or self-employed. They may not have carried health insurance coverage in the past but are benefiting from new access to coverage. Motivating messages should focus on educating these patients about their screening options, while encouraging them to take full advantage of new insurance plans to detect or prevent colorectal cancer. They may require additional education on what insurance offers, including preventive health coverage. In message testing, the following messages tested the highest among this group:
 - 1. There are several colorectal cancer screening options available, including simple take home options that don't require time off of work. Talk to your doctor about getting screened.
 - 2. Most health insurance plans cover lifesaving preventive tests. Use the health benefits you are paying for to get screened for colon cancer. Call your doctor today.

Source: [American Cancer Society](#)

Colorectal Cancer Screening Message for Financially Challenged Patients

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- Motivating messages should focus on screening affordability, as healthcare costs are a major concern among these patients. Messages that promote alternative, less expensive options are best received. Health care providers, physicians in particular, are a trusted source of information for this audience. Also, it is important to discuss screening with these patients during each and every doctor visit (even sick visits) as this population tends to schedule appointments infrequently. Office practices such as flagging the records of patients in need of screening or setting a protocol to briefly discuss preventive health at every visit can help to reach this population. In message testing, the following messages tested the highest among this group:

1. There are several colorectal cancer screening options available, including simple take home options that don't require time off of work. Talk to your doctor about getting screened.
2. Colorectal cancer screening tests don't have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.

Source: [American Cancer Society](#)

Colorectal Cancer Screening Options for Insured Procrastinators (Insured or has an annual income of \$50,000 or more and insured)



While this audience may care about maintaining their health and exercising regularly, they may not understand that colorectal cancer screening is something you do when you do not have symptoms. With many competing priorities, they may not consider it enough of a top priority to get screened. This audience also reports not being screened because they have a fear of the unknown or have heard negative testimonials related to the test and its preparation. Physicians providing information on options that are more comfortable and private will help motivate them to be screened. Utilizing testimonials will help to relieve fear of the test, while instilling the urgency to get tested. In message testing, the following messages tested the highest among this group:

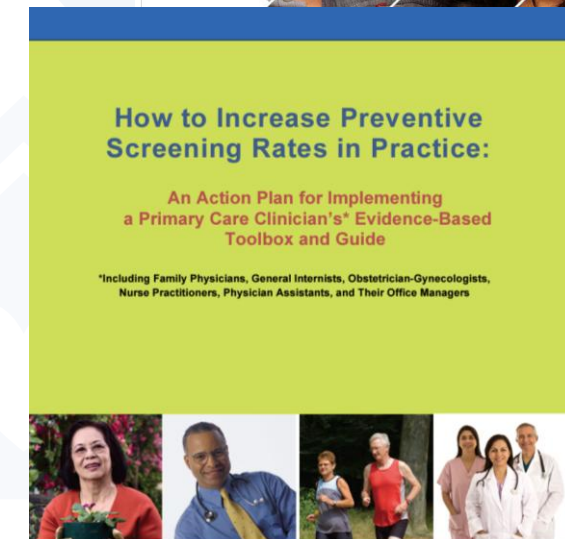
1. There are several colorectal cancer screening options available, including simple take home options. Talk to your doctor about getting screened.
2. Colon cancer is the second leading cause of cancer deaths in the U.S. when men and women are combined, yet it can often be prevented or detected at an early stage.

Source: [American Cancer Society](#)

Additional Resources

1. [How to Increase Preventive Screening Rates in Practice](#)
2. [Lead Times Messaging Guidebook](#)
3. [2022 Messaging Guidebook for Black & African American People](#)
4. [Hispanics/Latinos and Colorectal Cancer Companion Guide](#)
5. [Asian American and Colorectal Cancer Companion Guide](#)

2023 Lead Time Messaging Guidebook



Q & A Session



Reminder

- Webinar 2 on Advancing Colorectal Cancer Screening and Prevention Education for Health Center Patients
- Thursday 05/22/2025 at 2:00 pm EDT

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Thank you!