

Foundations of Colorectal Cancer Screening and Care for Health Educators and Community Health Workers (CHWs)

Webinar Series

Session 2: Case-based management and care delivery in medically underserved populations



Housekeeping Items

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



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



- Serves as Director of Research, Policy and Health Promotion at NCHPH and Vice President for Research and Evaluation at North American Management (NAM), leading national technical-assistance initiatives for health centers and public housing health programs.
- Integrates clinical medicine, public health, and systems evaluation to enhance primary care quality, workforce development, and policy alignment across the U.S. safety net.
- Directs national assessments and program evaluations and has published in major journals.
- Dr. Lombardi holds an MD and MPH from George Washington University, combining medical training with expertise in public health analysis, policy, and data-driven evaluation.

Moderators



Fide Pineda Sandoval,
MPH, CHES
Technical Assistance
Manager



Olajumoke Oladipo, MPH
Health Communications
and Research Analyst

Learning Objectives

- 1. Apply colorectal cancer screening guidelines** to complex patient case scenarios.
- 2. Identify clinical and health-related needs** impacting screening adherence and follow-up care.
- 3. Evaluate appropriate next steps** based on patient presentation and screening status.
- 4. Assess the role of care coordination** and patient support strategies in improving screening outcomes.

Foundations of Colorectal Cancer Screening and Care for Health Educators and Community Health Workers (CHWs)

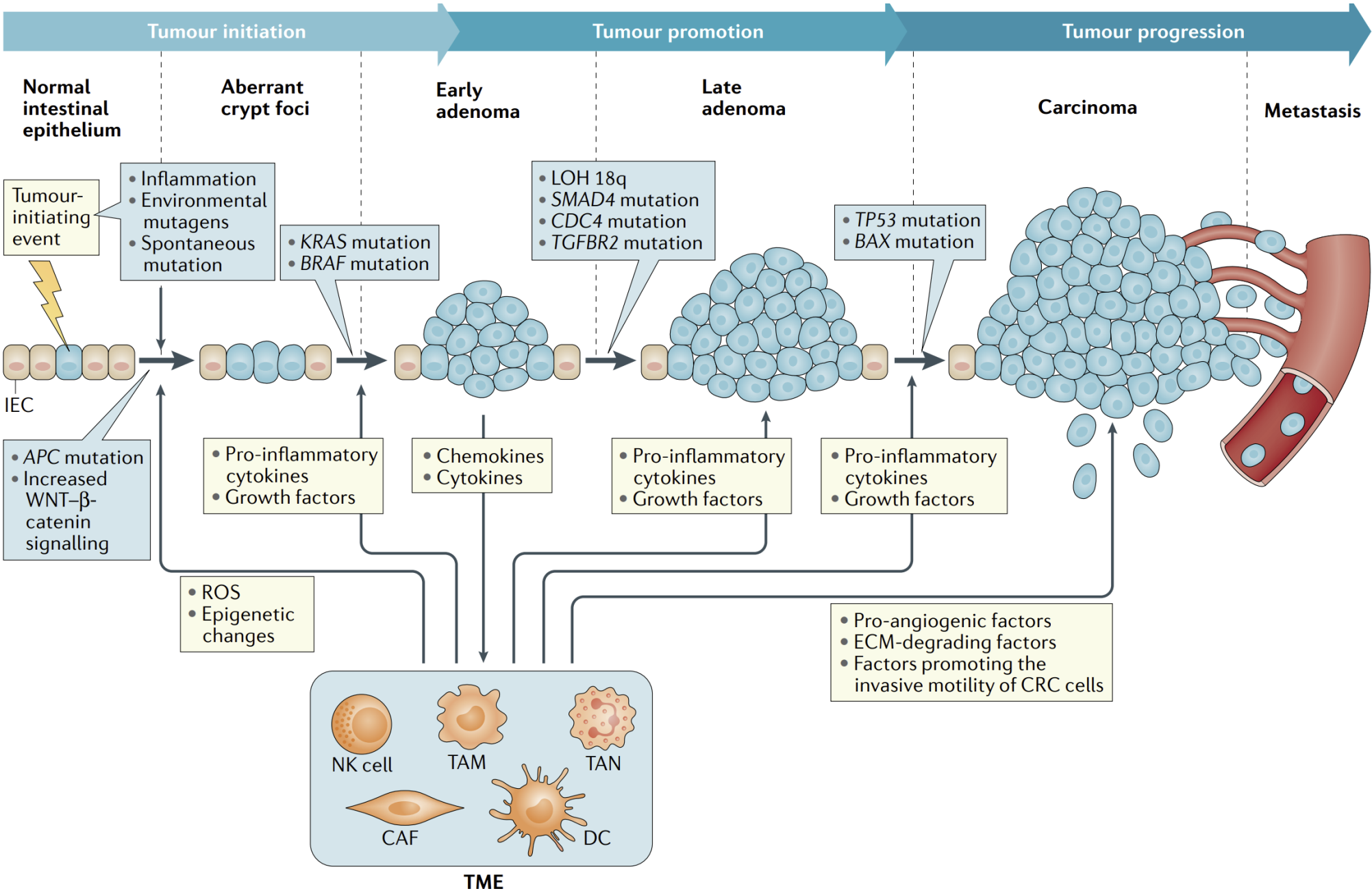
Session 2: Case-based management and care delivery in medically underserved populations

Dr. Kevin Michael Lombardi MD, MPH

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



Pathophysiology of Colorectal Carcinoma



Link to publication: [Schmitt & Greten, 2021](#)

Colorectal Cancer Screening Recommendations



The National Center for Health in Public Housing
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:

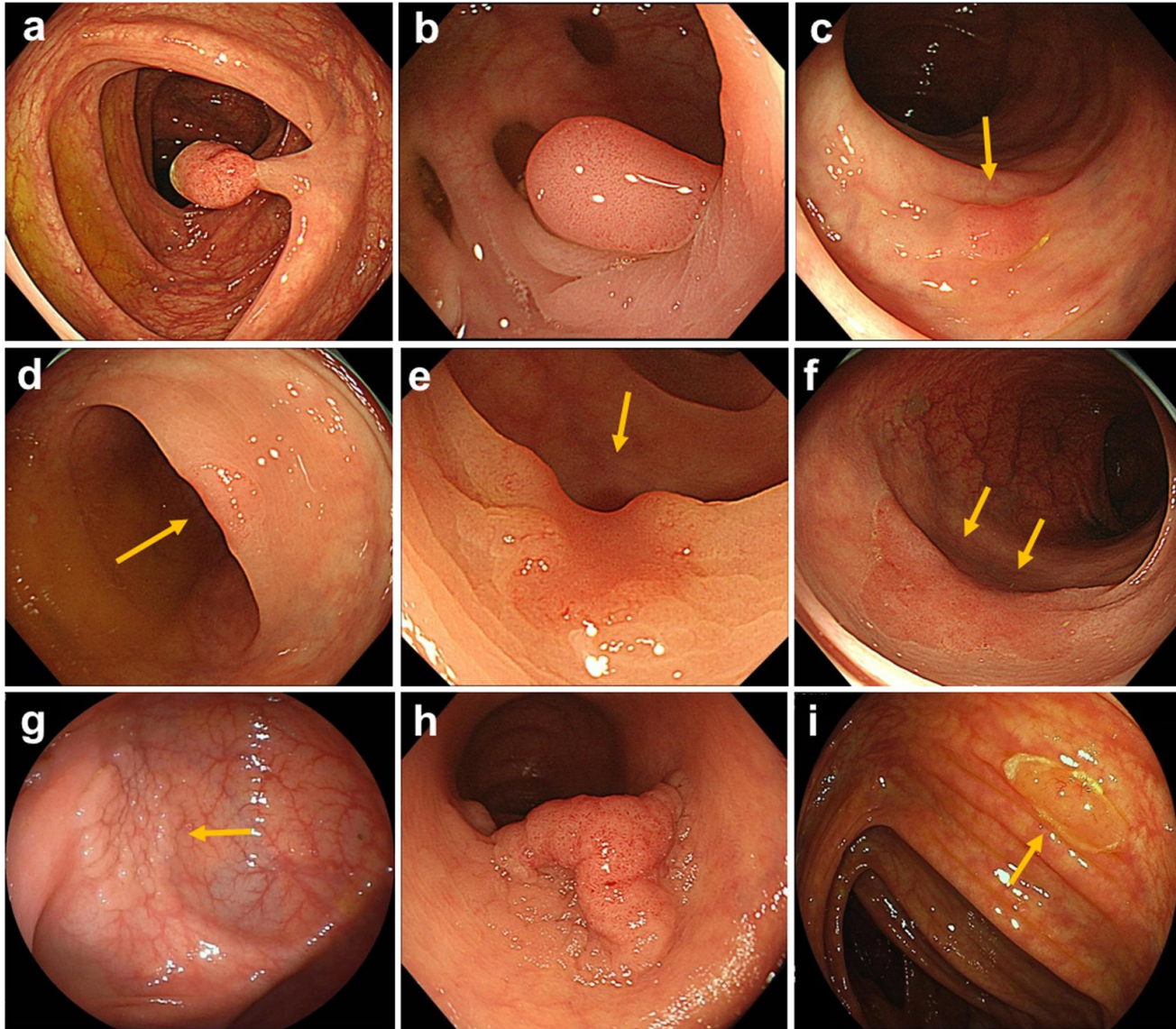
A
Adults 50-75
Years

B
Adults 45-49
Years

C
Adults 76-85
Years

Link to publication: [U.S Preventive Services Task Force](#)



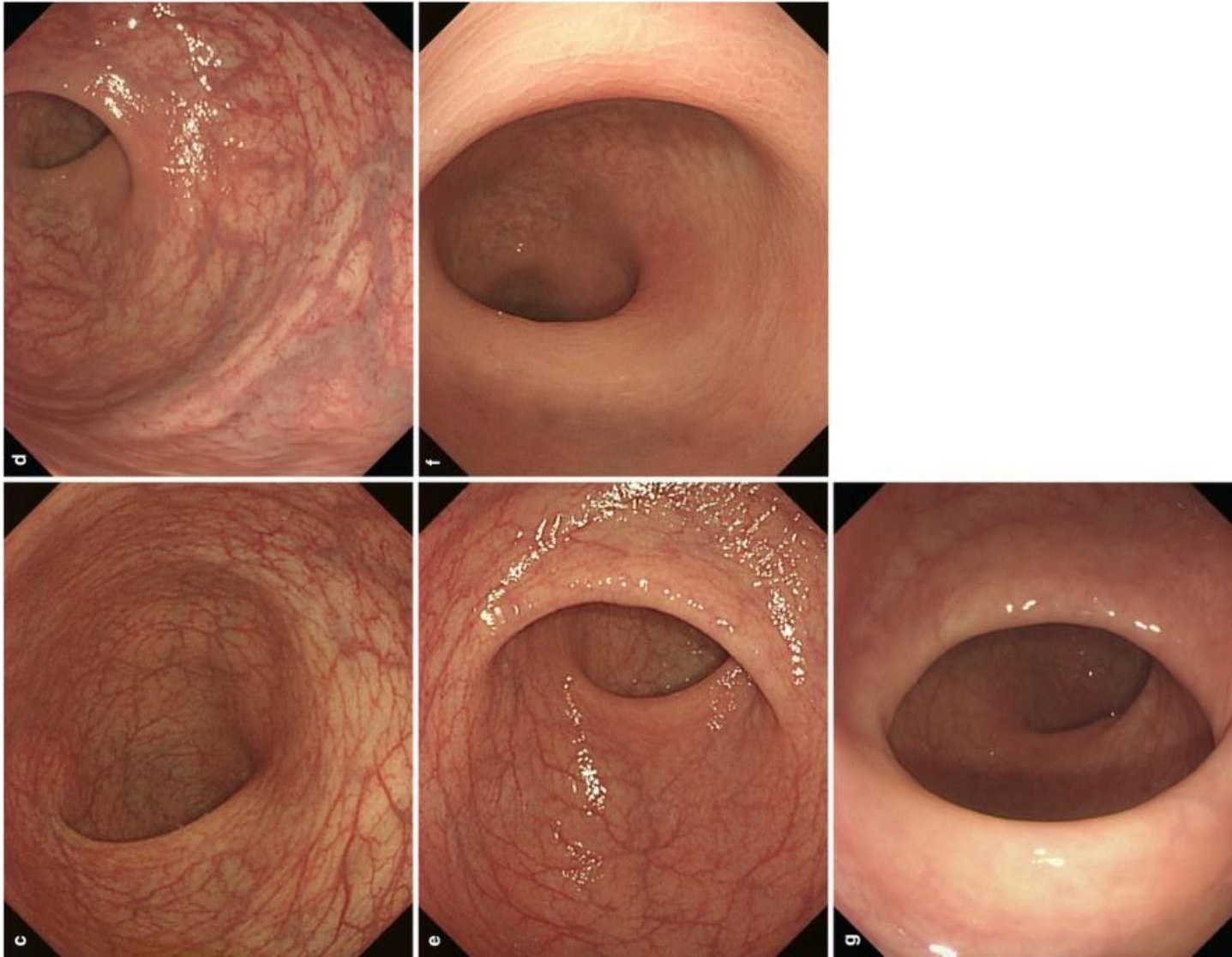


Colonoscopy Results: Positive findings

- Frames a, b, h and i demonstrate different morphologies of polyp and mass formation in the colon lumen.
- Frames c and d demonstrate microvascular growth concerning for neoplastic growth.

This patient will require multiple biopsy samples to be taken.

Link to publication: [Yamada et al, 2019](#)



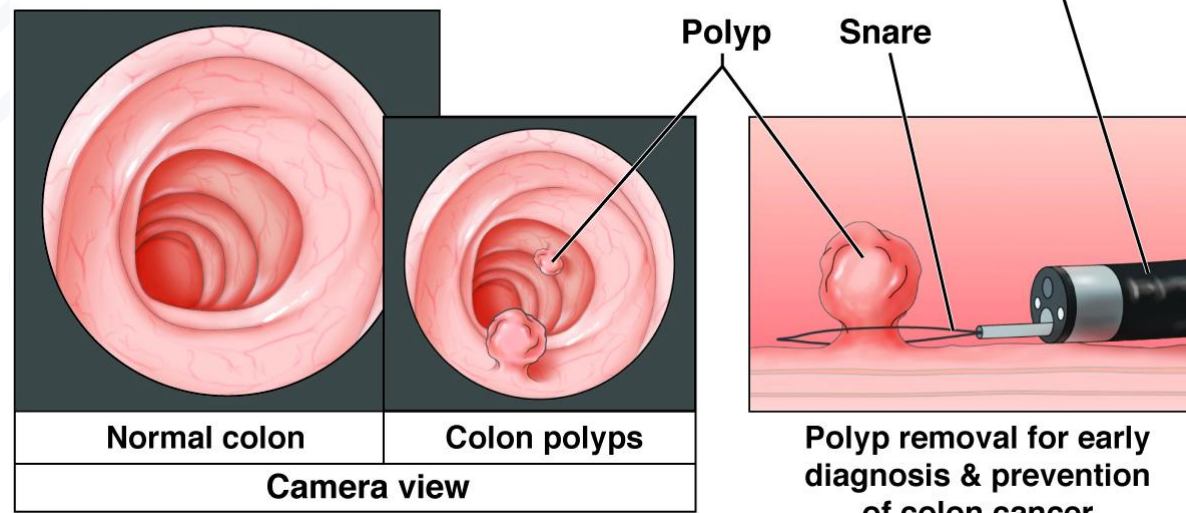
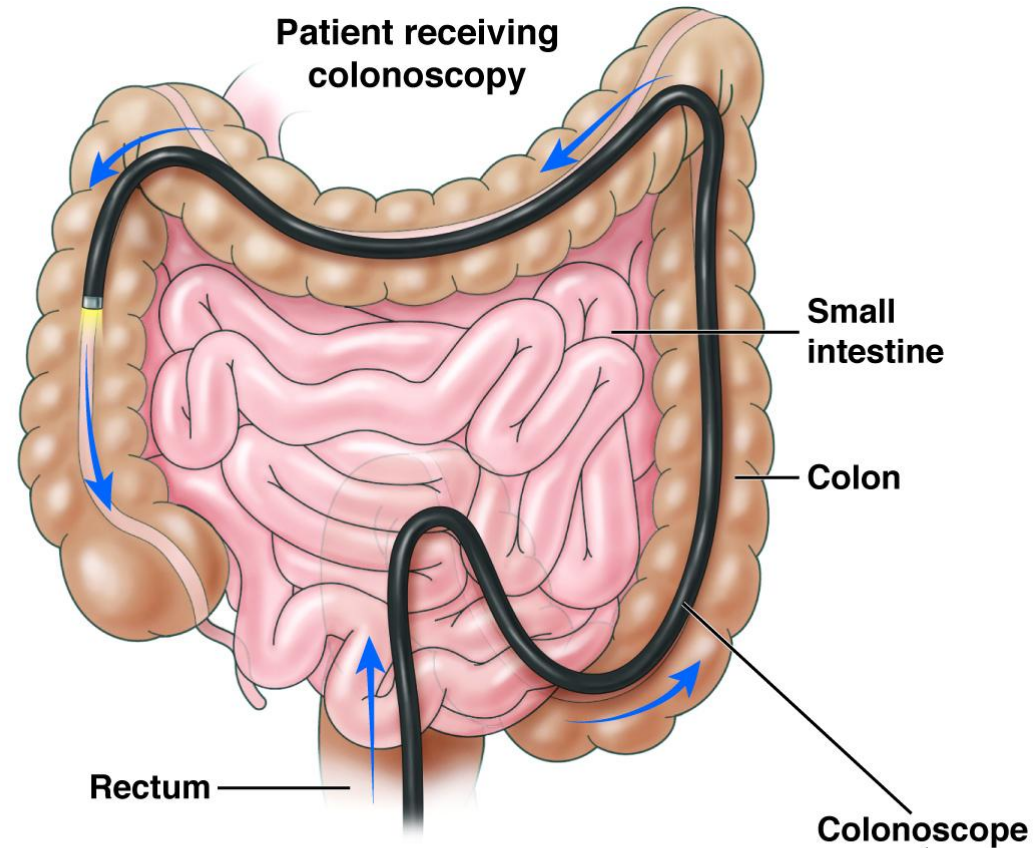
Colonoscopy Results: Normal Exam

- All frames demonstrate, healthy, uniform mucosa.
- No masses, polyps or areas concerning for neoplastic growth were observed.
- Blood vessels are not enlarged; no bleeding is observed.

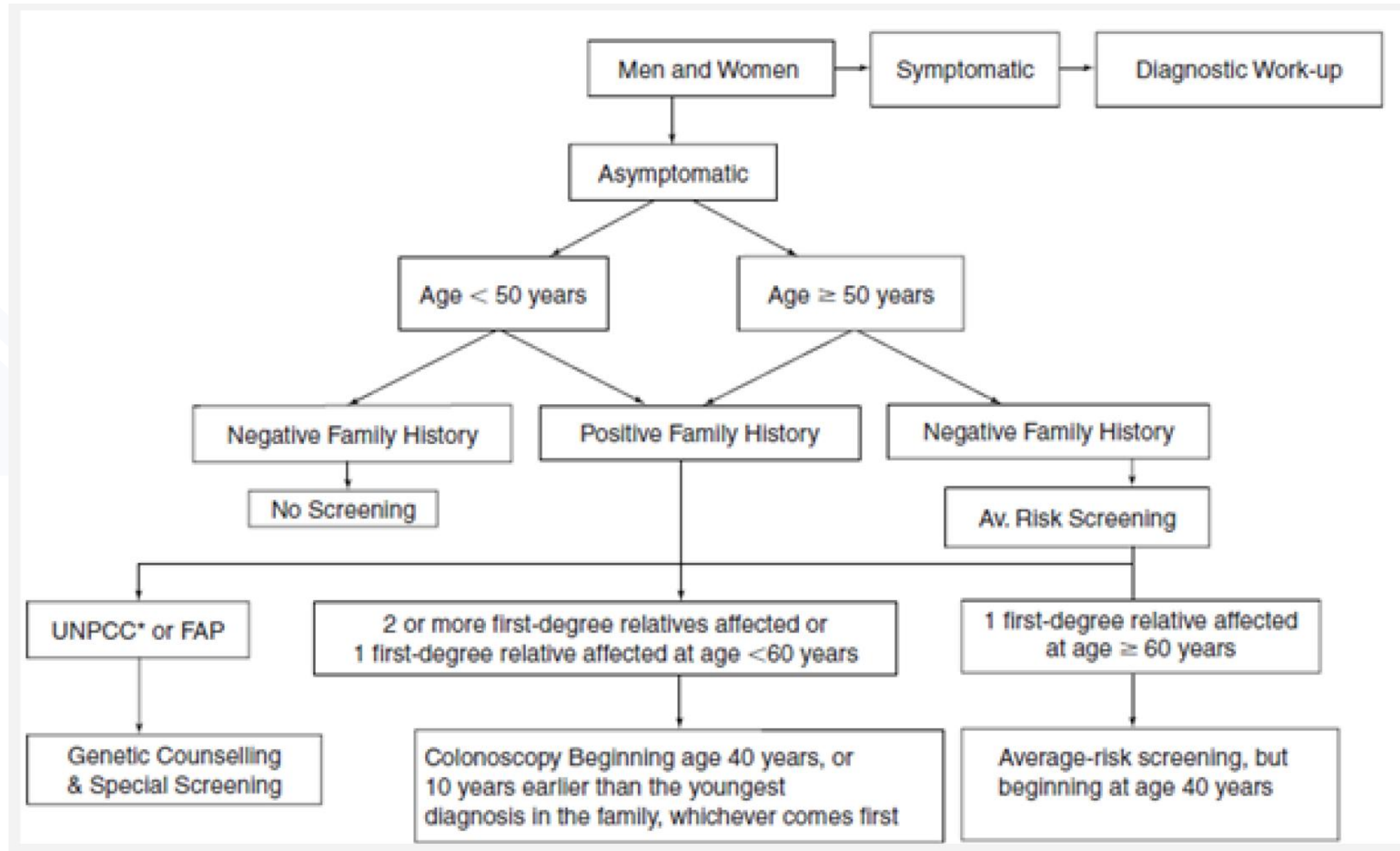
This patient should maintain a colon healthy lifestyle and should stay up to date with their screening.

Link to source: [Clinical Gastrointestinal Endoscopy, 2014](#)

[Link: Colonoscopy and Biopsy/Pathology Explanation \(from the American College of Gastroenterology\)](#)



[Link to publication](#)



Link to publication: [Clinical Pharmacists in Chronic Care](#)

Colon Cancer Screening in Health Centers and Public Housing Primary Care patients, 2022

Patient Characteristics	All other Housing			All HUD-assisted*			Public Housing		
	Prevalence (%)	95% CI	p	Prevalence (%)	95% CI	p	Prevalence (%)	95% CI	p
n (weighted) = 27,224,243									
Patient has ever had a colonoscopy, age 65+	73.5	63.1-83.1	0.49	73.4	40.5-106.3	0.49	63.9	67.8-59.9	0.58
Patient has ever had a blood stool test, age 65+	63.5	53.1-73.9	0.5	63.5	53.1-73.9	0.5	63.5	53.1-73.9	0.5
Patient has ever had colonoscopy or blood stool test, age 65+	90.5	83.1-97.9	0.72	88.3	66.1-110.5	0.72	88.1	66.9-110.3	0.7
Follow-up required after blood stool test	8.6	5.2-11.9	0.78	5.2	1.2-9.2	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

Colon Cancer Screening in Health Centers and Public Housing Primary Care 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
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

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

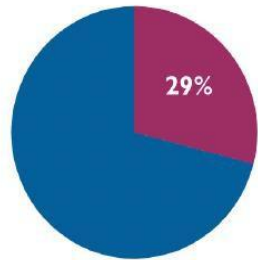


Source: [Health Center Patient Survey](#)

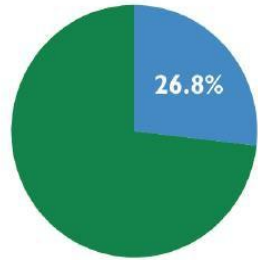


Epidemiology of Colorectal Cancer Screening at Health Centers

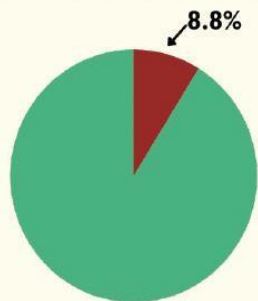
Most Common Reasons for Not Obtaining Colon Cancer Screening Among Public Housing Primary Care Patients



No reason/never thought about it:
29%

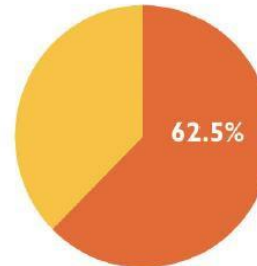


Didn't know they needed the test:
26.8%

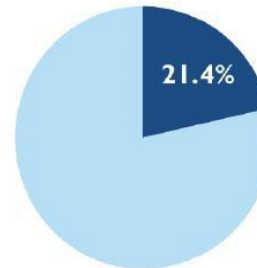


Too painful, unpleasant, or embarrassing:
8.8%

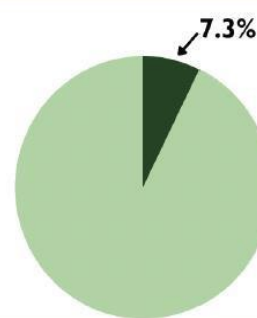
Public Housing Primary Care Patient Reasons for Obtaining Last Colon Cancer Screening



Part of a Routine Exam:
62.5%



Because of a Problem:
21.4%



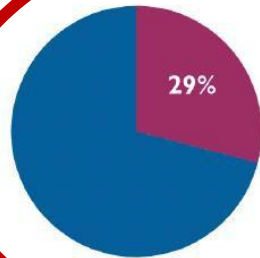
Follow-up test of an earlier test or screening exam:
7.3%

Link to publication: [Colorectal Cancer Screening Rec.](#)

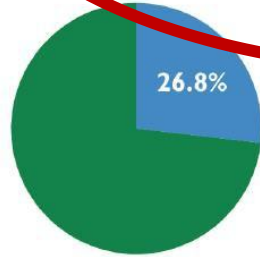


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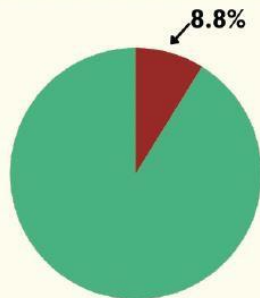
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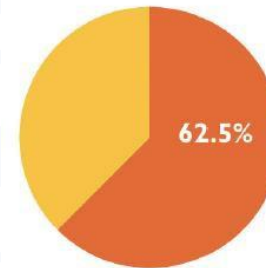


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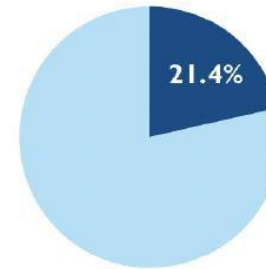


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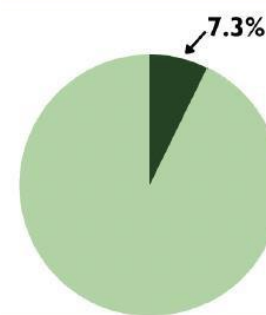
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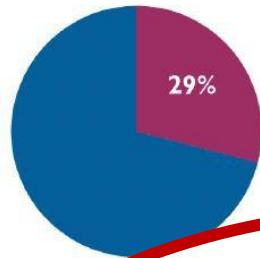
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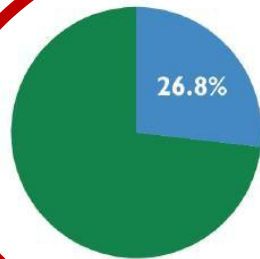


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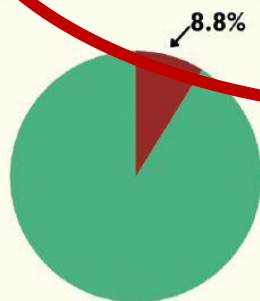
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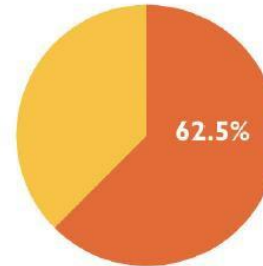


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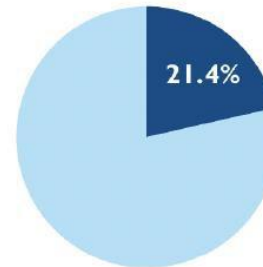


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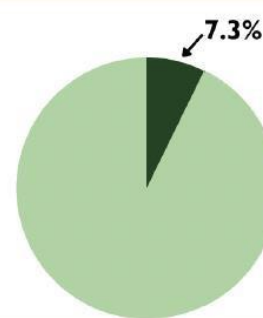
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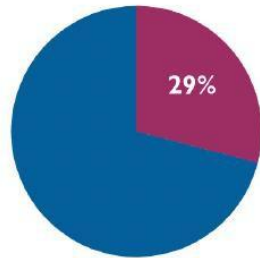
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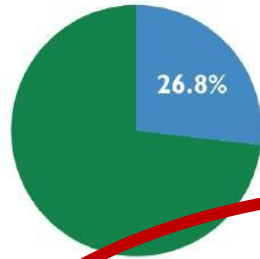


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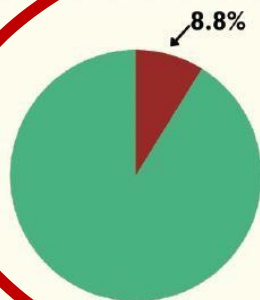
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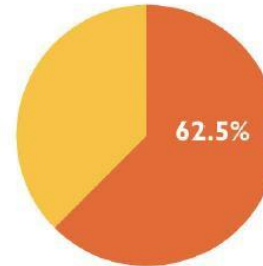


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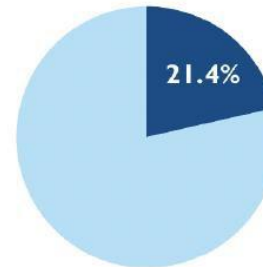


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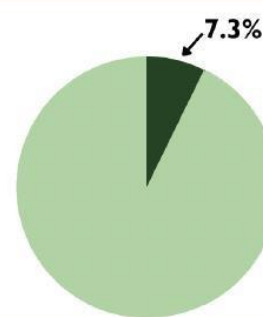
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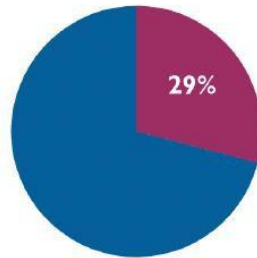


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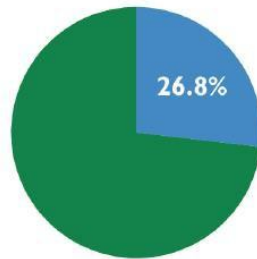


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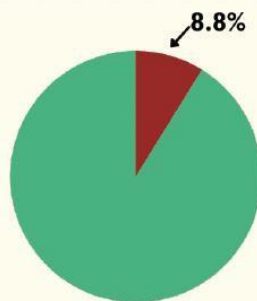
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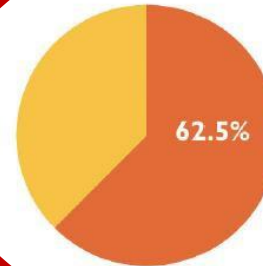


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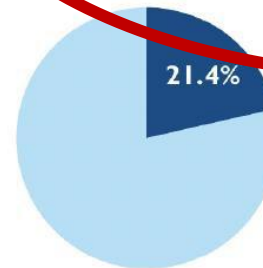


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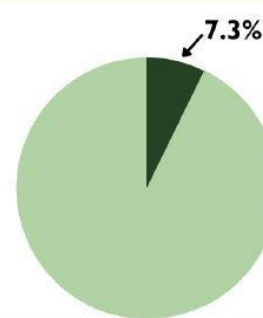
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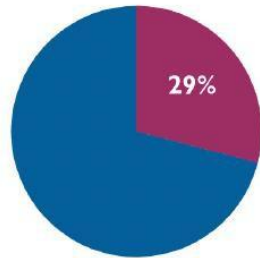
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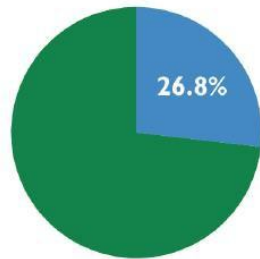


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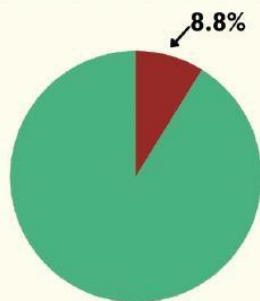
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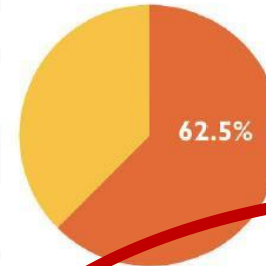


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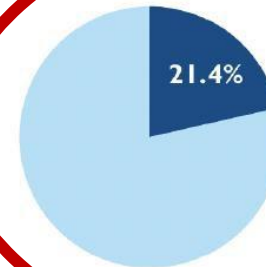


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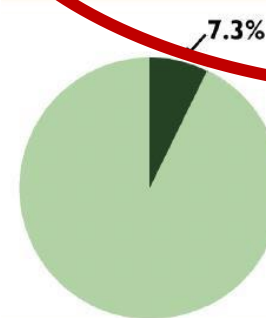
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Case Study: Colon Cancer Screening

Mr. Rossi 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 that Mr. Rossi 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 a health-related needs screener. The results are as follows:

BP: 178/98 Weight: 145 lbs.

HR: 92

RR: 18

A review of Mr. Rossi’s 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: Colon Cancer Screening

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](#)



Case Study: Colon Cancer Screening

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

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: Colon Cancer Screening

Mr. Rossi is treated by his provider. Upon physical examination Mr. Rossi 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. Rossi reveals the following:

1. Mr. Rossi 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. Rossi has a family history of colorectal cancer (brother, paternal grandfather)
4. Mr. Rossi has never been screened for colorectal cancer.
5. His stated reasons are “I didn’t know” and “I forgot”.
6. Mr. Rossi has been taking a half dose of his prescription medications because he can no longer afford the medication.
7. Mr. Rossi 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. Rossi 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. Rossi?**

Colorectal Cancer Screening in Vulnerable Patients

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

Considering the patients' nonmedical needs screening results, what steps can we take to reduce his risk of being lost to follow-up?



Literature Review: Systematic Review

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](https://doi.org/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 CHWs 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](#)



Literature Review: Systematic Review



HHS Public Access

Author manuscript

Am J Prev Med. Author manuscript; available in PMC 2024 April 01.

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, MPH¹, Yinan Peng, PhD, MPH¹, Jamaica Cobb, MPH¹, Leigh Ramsey Buchanan, PhD², Ka Zang Xiong, MPH¹, Shawna L. Mercer, PhD¹, Susan A. Sabatino, MD, MPH³, Stephanie Melillo, MPH³, Patrick L. Remington, MD, MPH⁴, Shiriki K. Kumanyika, PhD, MPH⁵, Beth Glenn, PhD⁶, Erica S. Breslau, PhD, MPH⁷, Cam Escoffery,

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

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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

Link to publication: [Okasako-Schmucker et al.](#)

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



Core Roles with Measured Impacts: Community Health Workers



1

Mediation among individuals, communities, and health and social service systems

2

Providing appropriate education and information

3

Care coordination, case management, and system navigation

4

Providing coaching and health-related needs support

5

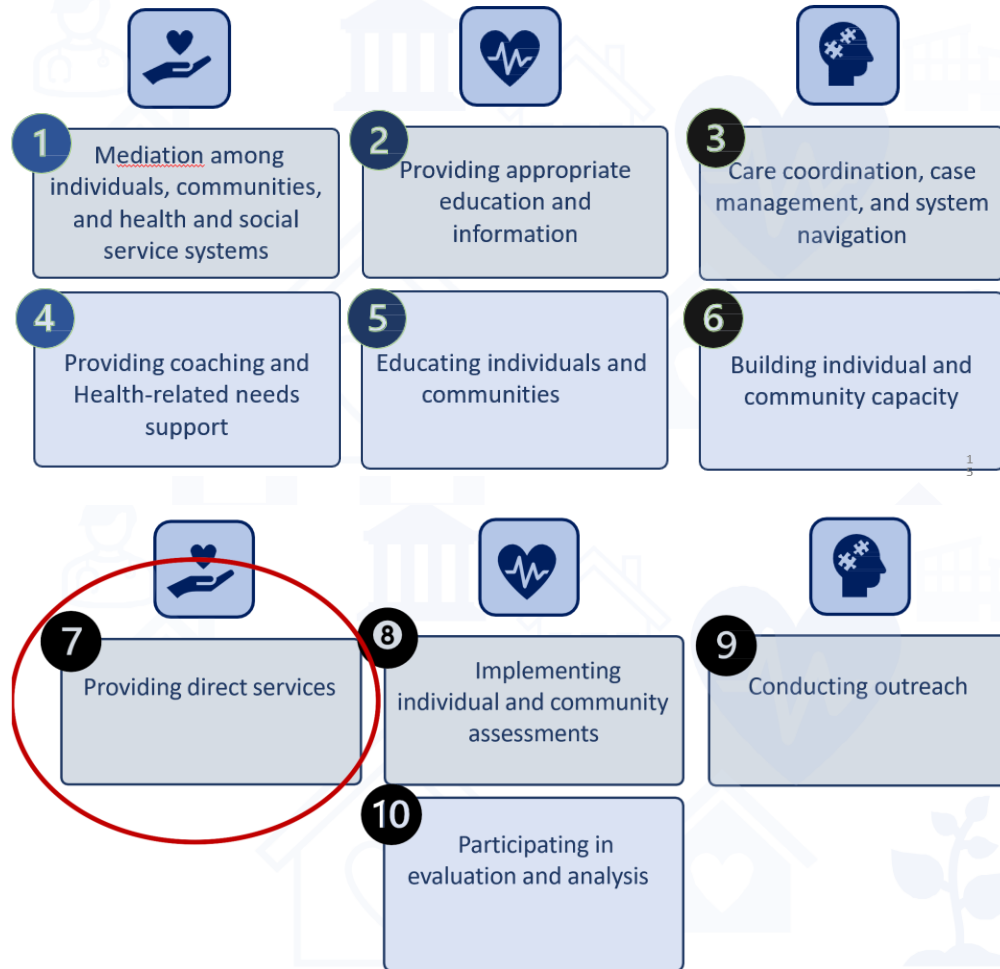
Educating individuals and communities

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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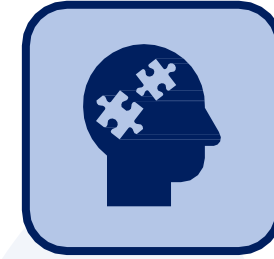
7

Providing direct services



8

Implementing individual and community assessments



9

Conducting outreach

10

Participating in evaluation and analysis

Q & A Session



Complete Our Post Evaluation



National Center for Health in Public Housing

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THANK YOU!

