

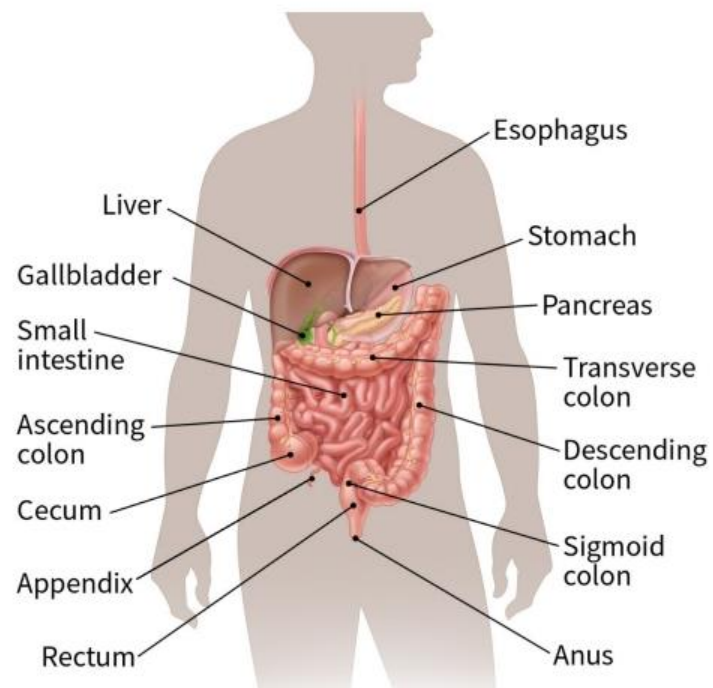
# Colorectal Cancer Screening 101:

What Community Health Workers Need to  
Know



# Objectives

- Identify age at which average risk individual is eligible for colorectal cancer (CRC) screening.
- Identify role CHW role in promoting CRC screening.
- Identify different methods of CRC screening.
- Identify barriers to a successful CRC screening.



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# 70% of CRC deaths for Kaiser beneficiaries occurred due to screening gaps: 4 key study facts

1. About 65 percent of deaths occurred in patients **not up to date** on screenings, or who hadn't received surveillance after a positive test.
2. 10% of patients died of colorectal cancer after **not receiving a follow up** due to a positive test.
3. The researchers noted cancers on the right side of the colon represented 62.5 percent of CRC deaths occurring in patients **not up to date** on their screenings.
4. Colorectal cancer deaths occurred more in patients with fewer primary care visits, and who were **not up-to-date** on screening.

Gastroenterology and Endoscopy News: 70% of CRC deaths for Kaiser beneficiaries occurred due to screening gaps: 6 key study facts, Written by Rachel Popa | August 03, 2018



# KRS 214:540 2008

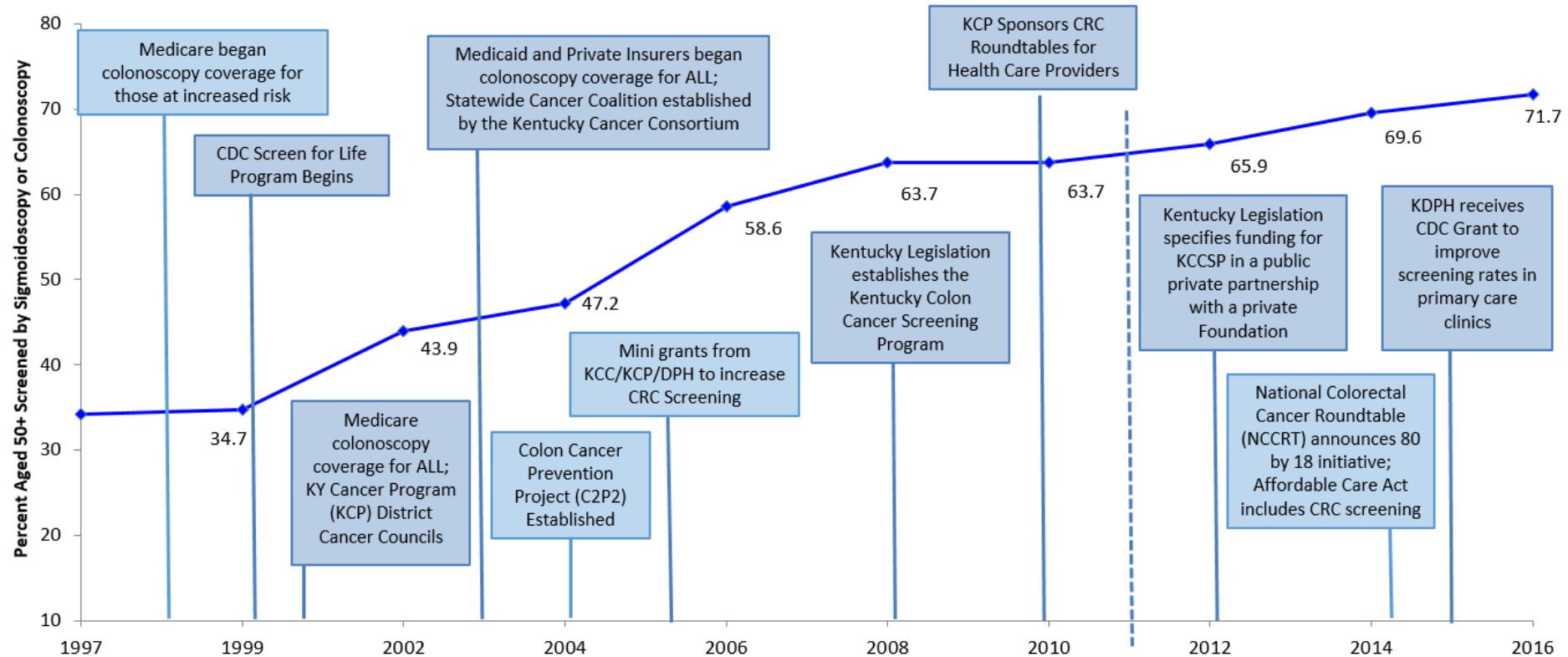
- Increasing colon cancer screening
- Reducing morbidity and mortality from colon cancer
- Reducing the cost of treating colon cancer among citizens of the Commonwealth

# KRS 304.17A-257 Effective 2016

- (1) A health benefit plan issued or renewed on or after January 1, 2016, shall provide coverage for all colorectal cancer examinations and laboratory tests specified in current American Cancer Society guidelines for complete colorectal cancer screening of asymptomatic individuals as follows:
  - (a) Coverage or benefits shall be provided for all colorectal screening examinations and tests that are administered at a frequency identified in the most recent version of the American Cancer Society guidelines for complete colorectal cancer screening; and
  - (b) The covered individual shall be:
    1. Fifty (50) years of age or older; or
    2. Less than fifty (50) years of age and at high risk for colorectal cancer according to current colorectal cancer screening guidelines of the American Cancer Society.
- (2) Coverage under this section shall not be subject to a deductible or coinsurance for services received from participating providers under the health benefit plan.



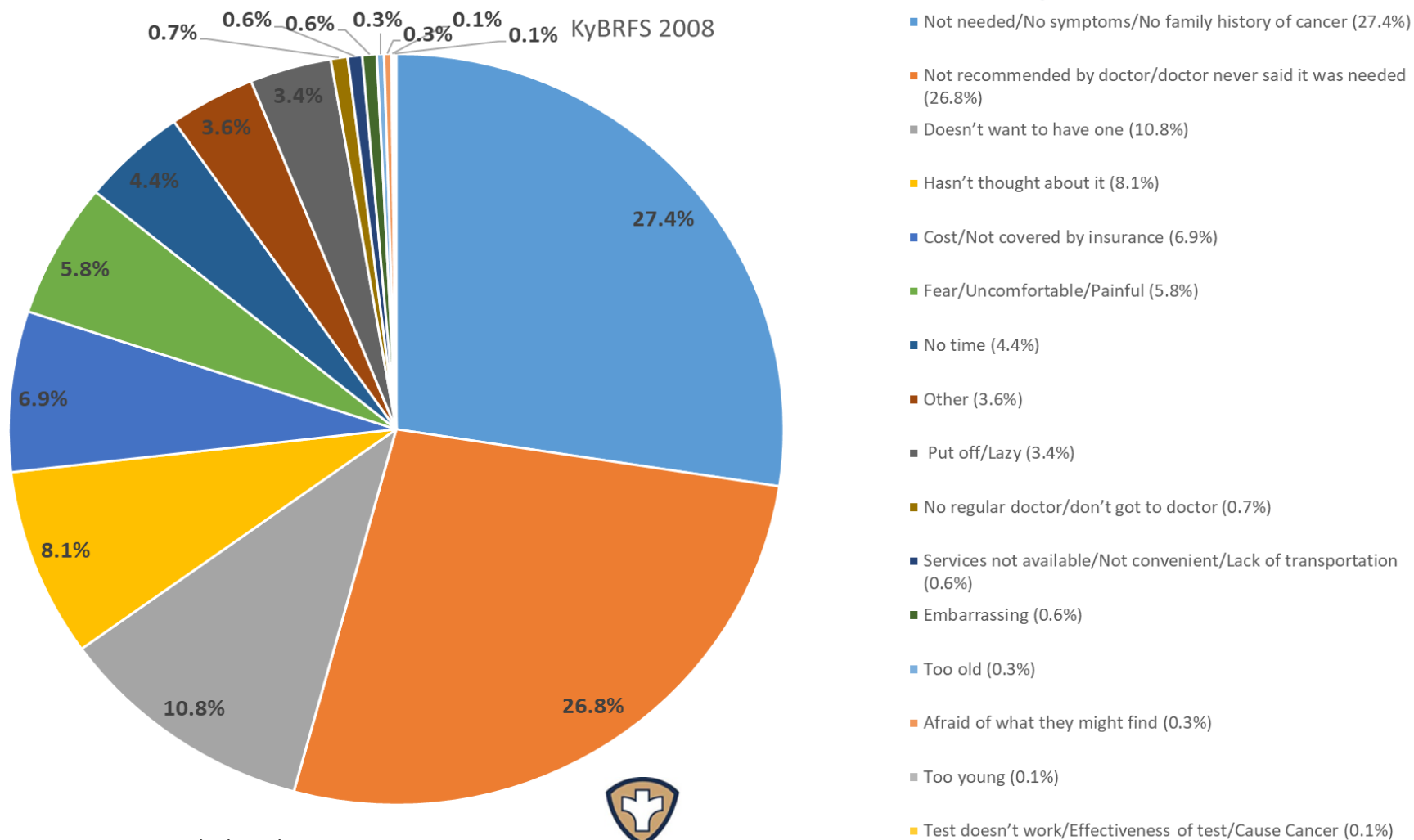
# National and State Policy Changes and Interventions Impacting Kentucky CRC Screening Rates from 1997 to 2016



Data Source – Kentucky Behavioral Risk factor Survey (KyBRFS)  
Policies and interventions noted on the time line may not be exhaustive.

--- indicates year of major BRFSS methodology change

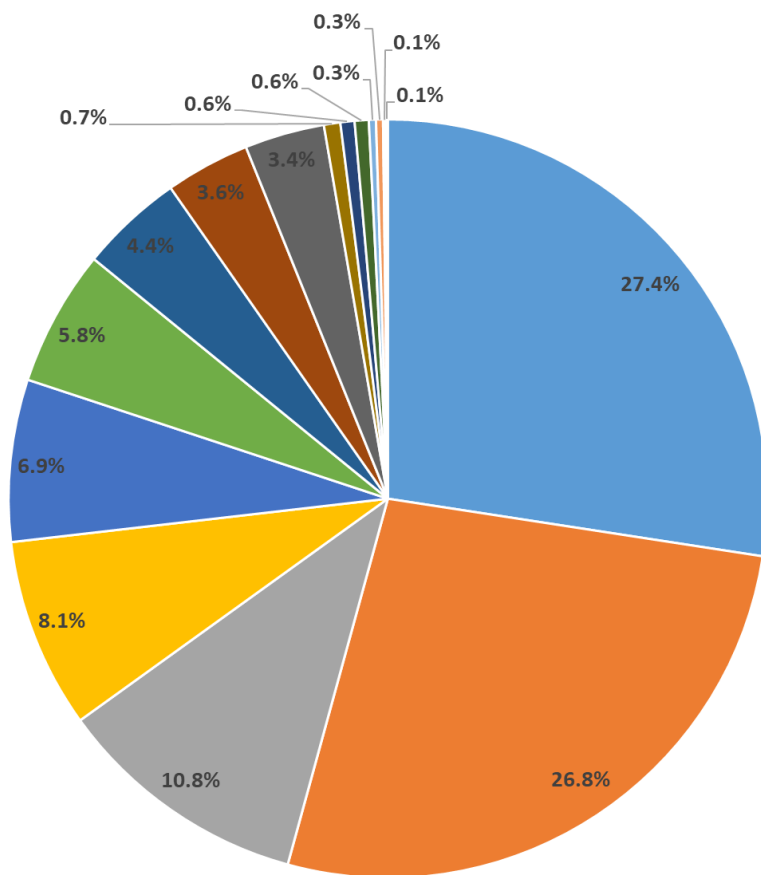
# KY Behavioral Risk Factor Survey 2008: Barriers to Colorectal Cancer Screening



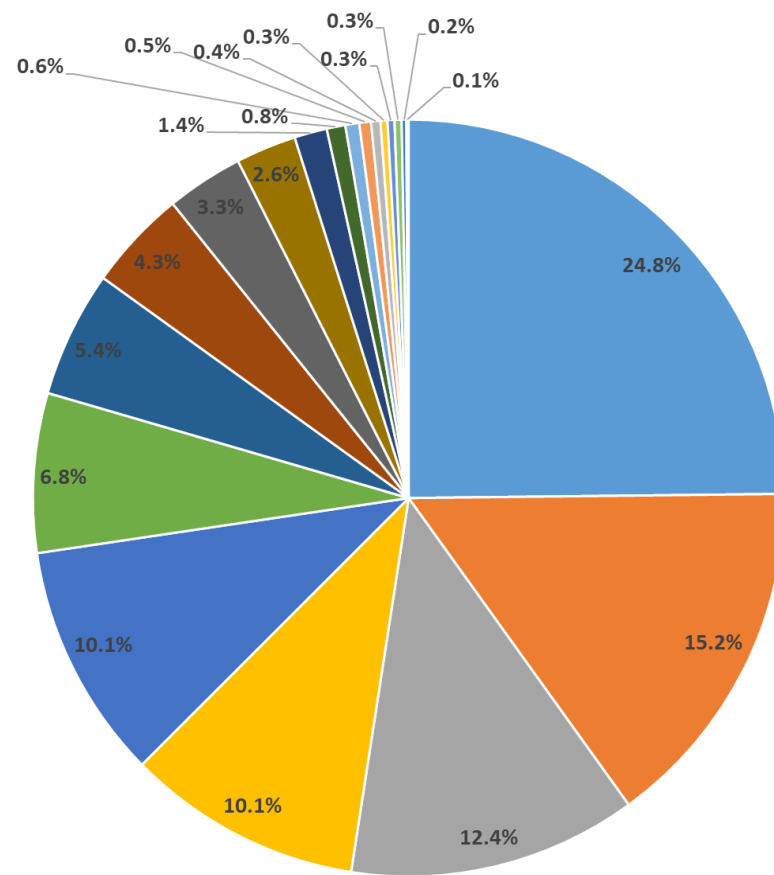
\*2008 was first year KyBRFS to ask about barriers to CRC screening.



# Barriers to Colon Cancer Screening 2008/2012



KyBRFS 2008

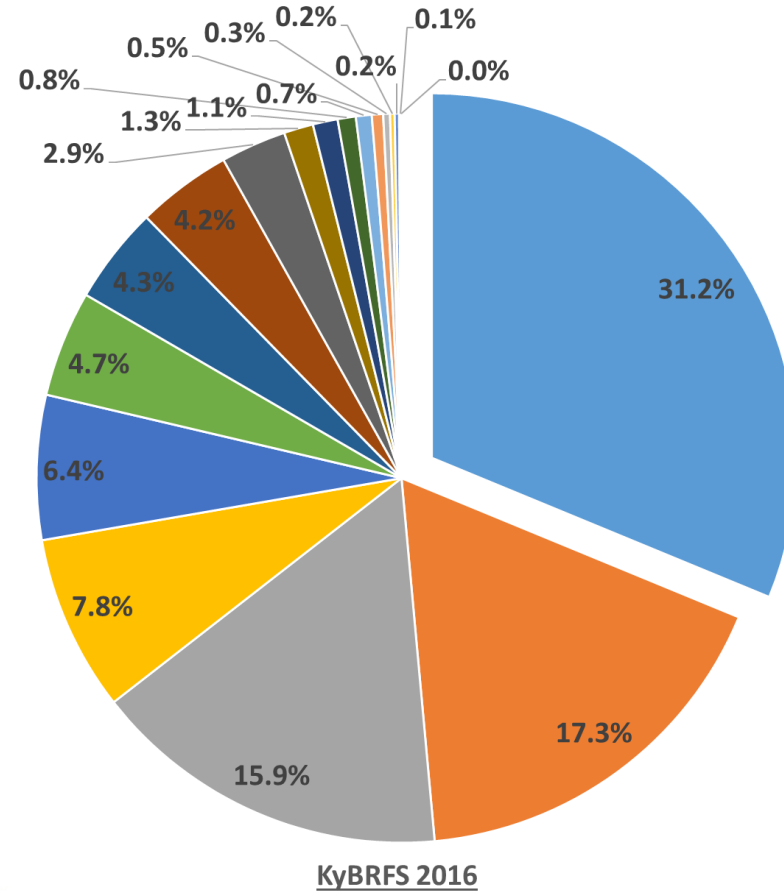
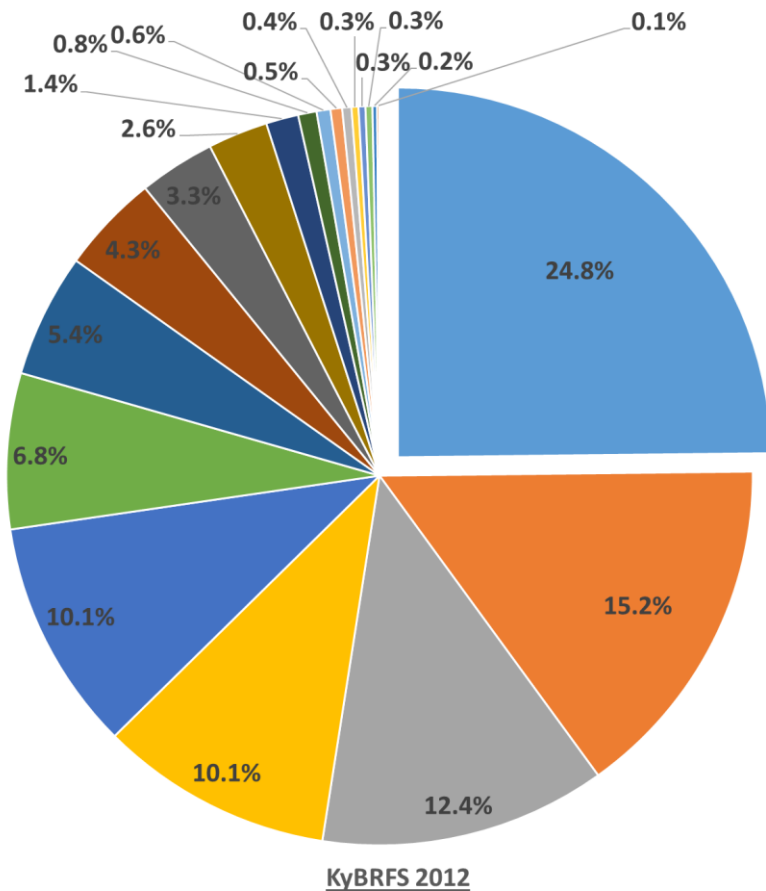


KyBRFS 2012



# Comparing 2012 and 2016

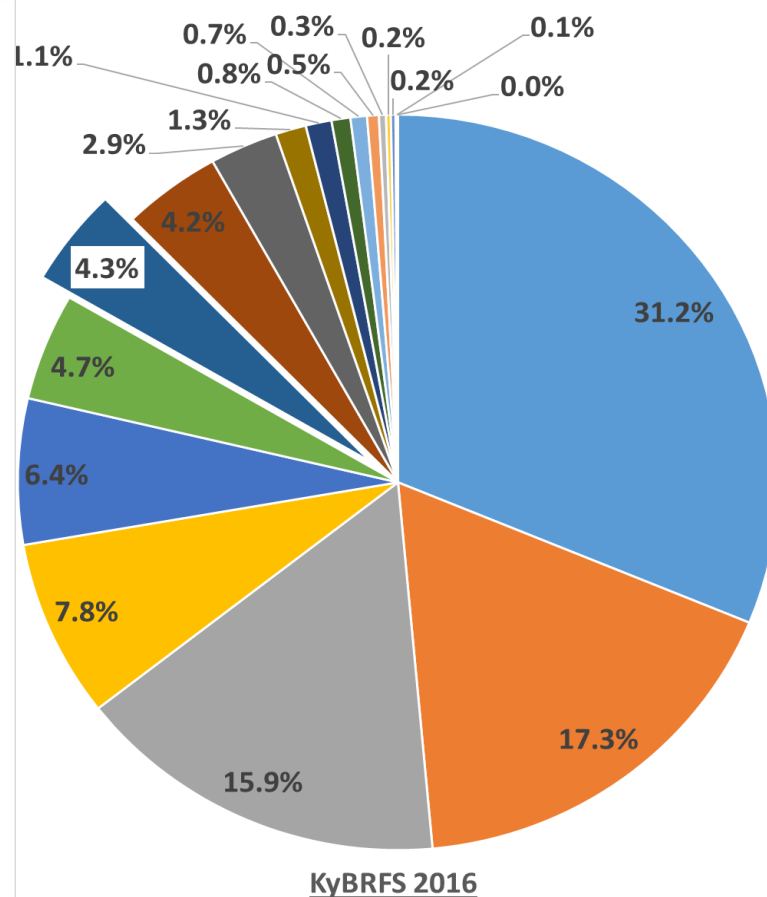
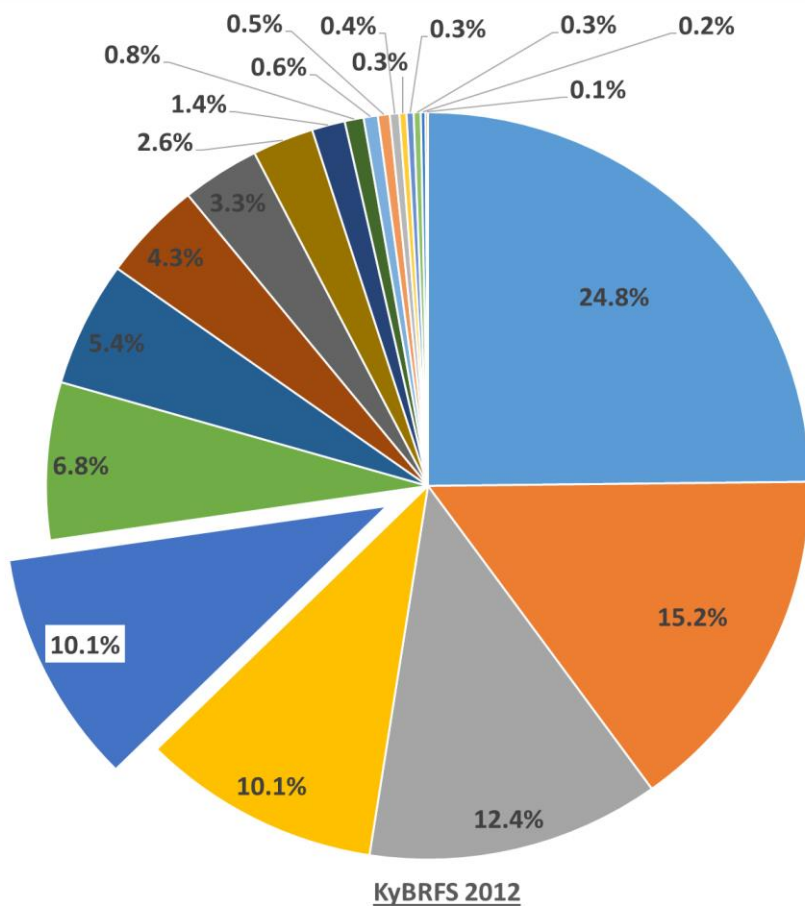
Between 2012 and 2016, those who responded that they did not need to be screened/did not have symptoms increased from 24.8% to 31.2% - A 6.4% jump.



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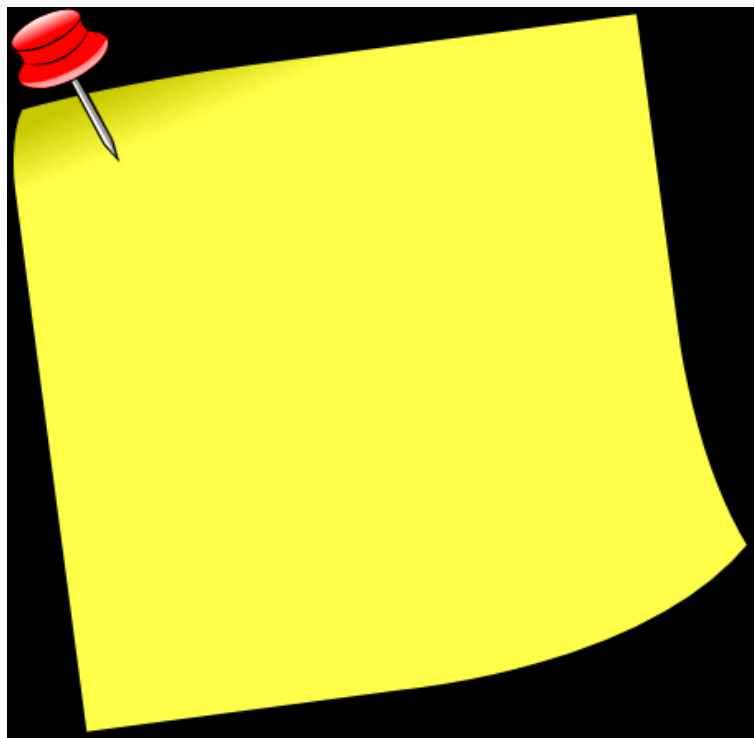
# Barriers to Colon Cancer Screening 2012/2016

In 2012 10.1% stated they were not covered by insurance compared to 4.3% in 2016 said they were not covered by insurance.



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# Early signs of Colon Cancer



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# So who should be getting screened?

- American Cancer Society Guidelines 2018
- Adults ages 45 and older who are of average risk
  - Average-risk adults in good health with life expectancy of more than 10 years should continue screening through age 75
- High Risk people
  - Family history of Colon Cancer in 1<sup>st</sup> and 2<sup>nd</sup> degree family
  - Rectal Bleeding (can be younger than 45!)
  - Changes in bowel habits (can be younger than 45!)



# Signs that something is not right

- Changes in bowel habits
- Unexplained weight loss
- Visual blood in the stool



# Benefits of Community Health Workers

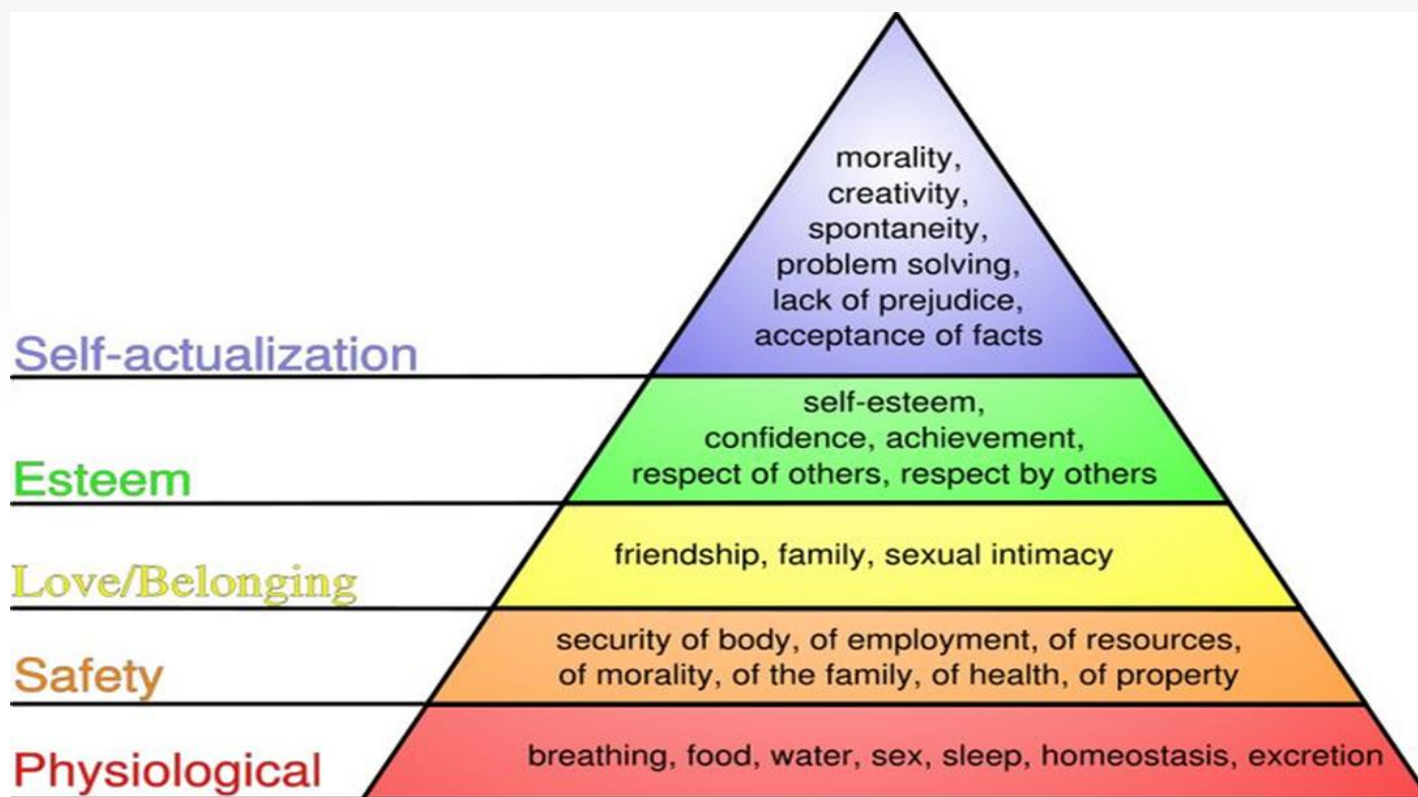
- Linking clients to resources and services.
- Contacting clients to confirm or reschedule appointments.
- Helping clients make follow-up appointments.
- Conducting outreach to non-adherent clients.
- Tracking interventions and outcomes.
- Enhancing access to care and services.
- Reducing barriers to screening and care.

# Additional Benefits of CHW's

- Increases patient satisfaction
- Empowerment when dealing with the health care system
- Increases health literacy
- Improves quality reporting measure for your employer



# Maslow's Hierarchy of Needs



# “The Talk”



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# Trust

- Engage your client in conversation instead of lecturing.
- Listen and assess their needs.
- Tailor your message to their needs.
- Find out what barriers/concerns they have and address them if they are within the scope of this program.



# Nudging

**Nudge** is a concept in behavioral science, political theory, and economics which proposes positive reinforcement and indirect suggestions as ways to influence the behavior and decision making of groups or individuals. Nudging contrasts with other ways to achieve compliance

*-Wikipedia*



# Communication Tips

- We have two ears and one mouth so we can listen twice as much as we speak.
- In order for the client to talk, we must give them time to answer the questions.
- Don't make them uncomfortable by being impatient with your questions.



# Fecal Immunochemical Test (FIT)

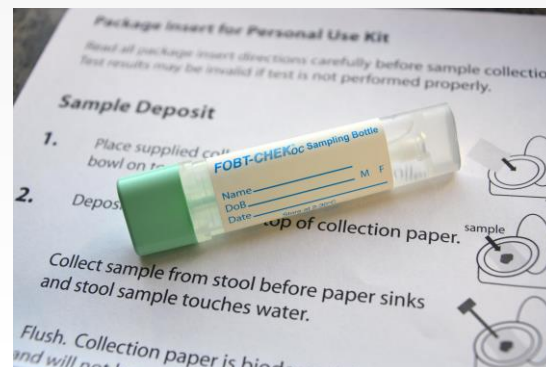
There is a common saying in cancer screening that the best screening is the one that gets completed.



Not all FITs are created equal, and there are tradeoffs that are inherent in these differences.



# Some In Home FIT Kits



# Barriers to a Successful Colonoscopy

- Transportation to and from procedure
- Having a companion after procedure
- Poor bowel prep
- Fear of the procedure
- Not understanding the directions that have been sent that often involve filling in the times.





# You want me to drink what????



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# Information On Prepping For The Colonoscopy



# Clear Liquid Diet



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# Not Considered Clear Liquids



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# Critical Importance

- Decrease and or eliminate barriers to obtaining CRC screening.
- Navigate the complex health care system.
- Increasing knowledge and decreasing personal fears and concerns.
- Other barriers: financial, cultural, companion.



# In Conclusion

“Education is learning what you did not even know you didn’t know.”

Daniel J Boorstin



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# In Conclusion

“Words are, of course, the most powerful drug  
used by mankind.”

Rudyard Kipling



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# Kentucky Colon Cancer Screen Program (KCCSP)

- KCCSP
  - Toll Free: (800) 633-8100 (March 2019)
- Kentucky Cancer Link
  - ***kycancerlink.org*** (859) 309-1700



# Kentucky Resources

- Kentucky Cancer Program
  - <http://www.kcp.uky.edu/>
- Colon Cancer Prevention Project
  - <https://coloncancerpreventionproject.org/>
- Fighters Fund (Financial Resources)
  - <https://coloncancerpreventionproject.org/family-support/fighters-fund/>
- Kentucky Cancer Consortium
  - <https://www.kycancerc.org/>
- Project CHEER Partners with Markey Cancer Center to Create Disability Awareness Webinar
  - <https://www.wellness4ky.org/>

# National Resources

- American Cancer Society
  - <https://www.cancer.org/cancer/colon-rectal-cancer/about/what-is-colorectal-cancer.html>
- National Colorectal Cancer Round Table
  - <http://nccrt.org/>
- Colonoscopy Prep, Tips and Tricks: Dr. Lynn Butterly, MD, Director, Colorectal Cancer Screening
  - <https://www.bing.com/videos/search?q=colonoscopy+prep+instructions&qvt=colonoscopy+prep+instructions&view=detail&mid=DA987197FF2F6CB24EA5DA987197FF2F6CB24EA5&&FORM=VRDGAR>
- Colorectal Cancer Alliance
  - <https://www.ccalliance.org/>
- Agency for Healthcare Research and Quality
  - Electronic Preventive Services Selector - <https://epss.ahrq.gov/PDA/index.jsp>



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