Colorectal Cancer Screening

Impact of Colorectal Cancer in Rural Northern California

- Colorectal cancer is currently the second leading cause of cancer death in the United States[7].
- In rural Northern California, the age-adjusted death rate from colorectal cancer ranges from a high in Butte County of 15.7 per 100,000 to a low of 8.5 per 100,000 in Trinity County. The overall death rate in the state is 12.8 per 100,000[8].
- Colorectal cancer screening in adults between 50 and 75 years of age can catch and remove dangerous polyps before they become cancerous, or can detect colorectal cancer in its early stages, when treatment is most effective.
- Low-income adults are less likely to receive colorectal cancer screenings. Less than half (44.7%) of low-income adults in rural Northern California are up-to-date with colorectal cancer screening[9].
- Adults with a cancer diagnosis in the rural Northern California region experience significant barriers to accessing needed specialty care.
- The average distance adults living in rural households must travel to access medical providers and emergency care is nearly double that of those in urban households[10].

How Health Centers Provide the Necessary Care

Clinical Interventions

- Use a patient registry to track screening due dates, results, and follow-up.
- Remind patients through letters, postcards, or phone calls that it is time for their colorectal cancer screening. This is particularly effective with fecal occult blood testing paired with patient incentives.
- Annual flu shot campaigns are an opportunity to reach people who are also due for colorectal screening (e.g., Flu/FIT Campaign).
- Provide education and counseling to patients to reduce fear of and prepare for scheduled screening procedures.

Community Interventions

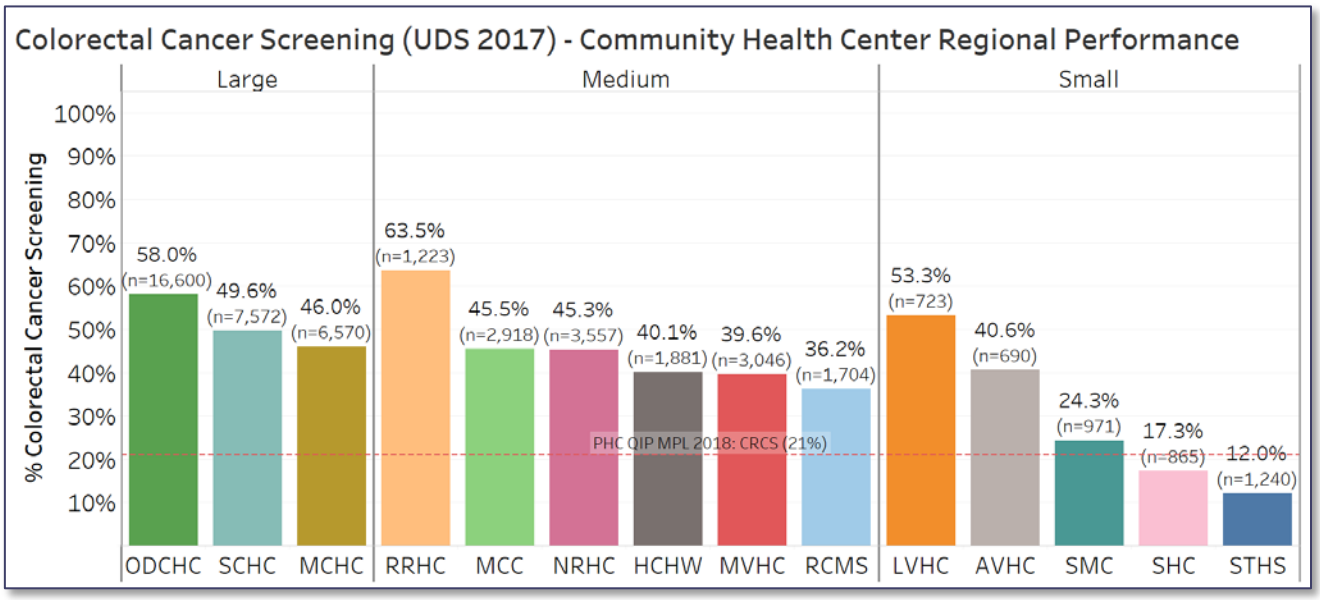
- Share patient handouts, brochures, or videos at community health fairs and senior centers to increase awareness in adults of colorectal screening and how to access screening services.
- Teach adults how to incorporate physical activity into their daily routines. Set up walking groups or other programs to support positive behavior change.
- Provide access to fresh foods through community farmers markets and encourage healthy diets including vegetables and other high fiber foods.

[7] CDC.Colorectal Cancer Statistics. March 2018.
[8] California Department of Public Health. County Health Status Profiles, 2018.
[9] California Health Interview Survey. CHIS Adult Public Use File. Los Angeles, CA: UCLA Center for Health Policy Research, June 2018.
[10] Edelman MA, Menz BL. Selected comparisons and implications of a national rural and urban survey on health care access, demographics and policy issues. J Rural Health 1996;12:197–205.

Rural Northern California Health Center Data

Key Points

- The demographics of the communities served may impact screening rates, as communities with more retirees and older adults may be more receptive to colorectal cancer screening.
- Access and cost are significant barriers to regular colorectal cancer screening.
- While Fecal Immunochemical Tests (FIT) is a lower cost option, the lack of access to specialists for appropriate follow-up and/or treatment creates barriers to routine screening.



Quality Measure Definitions (UDS)

The percentage of adults aged 50-75, who had appropriate screening for colorectal cancer. Appropriate screening methods may include one of the following:

(1) Colonoscopy within the past 10 years;

(2) Flexible sigmoidoscopy within the past 5 years, or

(3) Fecal immunochemical test (FIT/iFOBT) within the past year.

National Quality Goals and Benchmarks

PHC 2018 Quality Improvement Program (QIP) MPL: This measure is included in the PHC 2018 Quality Improvement Program measurement set. The Minimum Performance Level (MPL), or 25th percentile, for Colorectal Cancer Screening is 21.0%.

AVHC – Anderson Valley Health Center; HCHWC – Hill Country Health and Wellness Center; LVHC – Long Valley Health Center; MCC – Mendocino Coast Clinics; MCHC – MCHC Health Centers; MVHC – Mountain Valley Health Center; NRHC – Northeastern Rural Health Center; ODCHC – Open Door Community Health Centers; RCMS – Redwood Coast Medical Services; RRHC – Redwoods Rural Health Center; SCHC – Shasta Community Health Center; SHC – Shasta Cascade Health Centers; SMC – Shingletown Medical Center; STHS – Southern Trinity Health Services.