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Improving Awareness of Colon Cancer Screening in the Homeless Population of Burlington, Vermont

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Family Medicine Rotation #3
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Community Health Centers of Burlington, Safe Harbor Clinic
Preceptor: Dr. Heather Stein
Problem Identification

Colorectal Cancer: The Importance of Screening
• Approximately 1 in 20 people will get colorectal cancer in their lifetime in the US (4)
• Colorectal Cancer is the #2 cancer killer (2,6)
• If detected early with screening, it can be treated and death can often be prevented (2,3,5,6)

Disparities in Access to Cancer Screening
• Homeless or uninsured individuals are significantly less likely to receive preventative cancer screening (1)
• Cancer is the leading cause of death in older, homeless adults (7,8)
• “Colorectal cancer screening in particular poses several challenges in the setting of homelessness, and studies have documented low completion rates among homeless individuals” (7)
Public Health Costs & Considerations

Cost:
• Medical cost of colorectal cancer in 2010 was $14 billion in the US (2)

Vermont:
• Colorectal cancer screening rate is 71%, which is higher than the national rate of 66% (9)
• However, among Vermonters without health insurance, screening rates were significantly lower (9)

Safe Harbor Clinic:
• Homeless Health care Program that offers daily, walk-in appointments to adults and families experiencing homelessness, at no cost
• Despite provider efforts to engage patients in colon cancer screening discussions, uptake remains low in this community
Community Perspectives from Safe Harbor Clinicians (1)

“Safe Harbor is a unique clinic in that it serves people who don’t have good access to health care, or who get access only through emergency services. Our clinic has partnered with Burlington Housing, with the belief that a ‘housing first’ model for homeless folks fits into preventative medicine. Once people develop a solid foundation and become established in a community through stable housing, it then becomes much easier to focus on health issues and preventative services”.

—Lincoln Heath, MD at Safe Harbor
Community Perspectives from Safe Harbor Clinicians (2)

“Over the years at Safe Harbor, we have focused on establishing relationships in this community and moving towards preventative health. Instead of diagnosing diabetes when our patient is already in DKA crisis, we hope to intervene early and get ahead of it”.

“It can be a challenge to manage health maintenance in a vulnerable population with many acute and chronic problems, which take the spotlight. We rely on strong relationships with our patients in order to bring in the discussion of preventative health.

“Health care is for everyone. Health maintenance is for everyone”.

—Kerry Goulette, PA at Safe Harbor
Intervention & Methodology

The Safe Harbor team has recently collaborated with:

• Gastroenterology at UVMMC in order to facilitate colonoscopy procedures and scheduling for homeless patients

• Medical Respite House at Bel Aire, who will offer homeless Safe Harbor patients a single room with a bathroom the day prior to their colonoscopy, so that they have a place to prepare (many patients live in tents or shelters without comfortable access to a toilet)

The next step: Educating patients about the importance of colon cancer screening and decreasing the knowledge gap and fear around colonoscopy and other testing
Results (1)

• A poster was developed and tailored to the Safe Harbor homeless community

• Goal of making the message accessible and meaningful to patients of any education or literacy level

• Developed with the intent of conveying a positive message around protecting health

• Patients can learn more about colon cancer screening in the waiting room on their own terms, with the goal that they will be more comfortable discussing it with providers, or even bring up the conversation!
Poster developed for Safe Harbor Clinic
Effectiveness & Limitations

Effectiveness:

• Could be evaluated by tracking the number of Safe Harbor patients who undergo colon cancer screening after the poster was developed, compared to beforehand.

• Could obtain qualitative data from Safe Harbor clinicians about whether the poster has led to more frequent or effective dialogue about colon cancer screening. Do patients have a better understanding of colonoscopy and importance of testing?

Limitations:

• Poster was only posted in the Safe Harbor waiting room, potentially missing homeless folks who do not seek care from the clinic.

• Other methods of colon cancer screening, such as FIT or FOBT stool testing, were mentioned but not elaborated on in this poster, while these options may be most practical for homeless patients.
Future Directions

• Poster could be more widely distributed outside of the Safe Harbor clinic (to local shelters, food shelves, and supported housing) in order to fortify the message and reach homeless folks who do not visit the clinic.

• Patients at Safe Harbor could be interviewed to further identify barriers that exist for them regarding colon cancer screening. Are patients motivated to do this testing? Did the poster make them consider it? Is there a preference for stool testing vs colonoscopy?

• Initiative could be developed to discuss colon cancer screening with every Safe Harbor patient who is not up to date.
References


