American Indian and Alaska Native Colorectal Cancer Screening Data

April 26, 2016

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Presentation Overview

 Importance of CRC screening surveillance in AI/AN populations

 Indian Health Service GPRA screening measure for CRC and rates by IHS Area

Other CRC screening data sources for AI/AN

CRC Stage at Diagnosis* AI/AN and Non-Hispanic white, 2005-2009



*Early stage includes local disease; late stage includes regional and distant stage disease

Perdue DG, Haverkamp D, Perkins C, Daley CM, Provost E. Geographic variation in colorectal cancer incidence and mortality, age of onset, and stage at diagnosis among American Indian and Alaska Native people, 1990---2009. Am J Public Health. 2014; 104; S404---S414.

CRC Incidence by Age at Diagnosis AI/AN and Non-Hispanic white, 2005-2009



Perdue DG, Haverkamp D, Perkins C, Daley CM, Provost E. Geographic variation in colorectal cancer incidence and mortality, age of onset, and stage at diagnosis among American Indian and Alaska Native people, 1990---2009. Am J Public Health. 2014; 104; S404---S414..



Age-adjusted Colorectal Cancer Death Rates and Joinpoint Trend Lines in CHSDA Counties, 1990-2009, Males

Age-adjusted Colorectal Cancer Death Rates and Joinpoint Trend Lines in CHSDA Counties, 1990-2009, Females



Cancer screening among IHS user population (GPRA results)



Cancer screening among IHS user population (GPRA results)



Current GPRA Colorectal Cancer Screening Measure

(aligned with HEDIS measure and USPSTF guidelines)

Criteria

- Ages 50-75 years
- Average-risk

Tests

- Colonoscopy every <u>10</u> years
- Sigmoidoscopy every <u>5</u> years
- Fecal occult blood test (FOBT) every year
 - Guaiac-based fecal occult blood test (gFOBT)
 - Fecal immunochemical test (FIT)

Current CRC Screening Among IHS User Population (GPRA results)





Colorectal Cancer Screening: GPRA 2015 results, by IHS Area



Other CRC screening data sources for AI/AN

Behavioral Risk Factor Surveillance System

- Collects data in all 50 states as well as the District of Columbia and three U.S. territories
- More than 400,000 adult interviews each year
- Core questions and optional modules collect information about health risk behaviors (including cancer screening)
- In 2014, states collected 36% of BRFSS data by cell phone.



Al/AN males estimated prevalence of **colorectal cancer screening***, Behavioral Risk Factor Surveillance System, Contract Health Service Delivery Areas, 2000-2006



revalence (%)

Region

*CRC screening = FOBT within 1 year or Endoscopy within 5 years

Steele, C. B., et al. (2008). "Surveillance for health behaviors of American Indians and Alaska Natives-Findings from the behavioral risk factor surveillance system, 2000-2006." <u>Cancer **113**(S5): 1131-1141.</u> AI/AN females, estimated prevalence of colorectal cancer screening*, Behavioral Risk Factor Surveillance System, Contract Health Service Delivery Areas, 2000-2006



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Limitations of BRFSS for AI/AN

- State level BRFSS data often includes small number of AI/AN, leading to unstable estimates
- Core module does not collect data on Tribal Affiliation
- AI/ANs in general have lower rates of household phone coverage than the general U.S. population

One solution: Provide funds to oversample for AI/AN in statewide survey - 6 🗙 🍘 http://anthctoday.org/epicenter/assets/data/statewide/CRC_Screening_Statewide_03_13_2015.pdf 🛛 🔎 👻 🔂 Haverkamp, Donald S (IHS/H... 😒 ncbi.nlm.nih.gov 🦉 anthctoday.org X / 3 110% - Fill & Sign Comment 1 Colorectal Cancer Screening, Adults (50+ Years), 1993-2012 Ļ Data Sources: State of Alaska, Division of Public Health, Behavioral Risk Factor Surveillance System; Centers for Disease Control and Prevention, ß Behavioral Risk Factor Surveillance System 100% 甬 80% 69.3% 64.0% 61.0% Percentage 60% 40% 20% 0% 1999 2008 2010 2011 2012 1993 1995 1997 2001 2002 2004 2006 Alaska Native People Alaska Whites U.S. Whites Healthy People Goal NCCRT Goal Note - Data presented are for flexible sigmoidoscopy or colonoscopy ever. ALASKA NATIVE PIDEMIOLOGY Page 1 of 3 CENTER p://www.anthctoday.org/epicenter 🚯 🔛 🧓 🍋 💻 🖧 🤯 🕼 S

Another solution: conduct Tribal BRFSS

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Research Articles

Colorectal Cancer Screening Among American Indians in a Pacific Northwest Tribe: Cowlitz Tribal BRFSS Project, 2009–2010

Annika G. Maly, MD, MPH^{a,b} Tessa L. Steel, MD, MPH^{a,c} Rongwei Fu, PhD^{a,d} David A. Lieberman, MD, FACG^e Thomas M. Becker, MD, PhD^{a,f}

ABSTRACT

Objectives. Colorectal cancer (CRC) screening is low among American Indians (Als). We describe the demographics, health status, prevalence of modifiable CRC risk factors, and use of CRC screening modalities in a Pacific Northwest Al tribe.

Methods. We conducted a survey among Cowlitz tribal members using a

Advantages of conducting Tribal BRFSS Survey

- Can provide an estimate for CRC screening that is very specific to the community surveyed, and estimates can be quite a bit different than state or regional estimates
- Can have higher participation and survey response when conducted by local entity such as a Tribal Health System or Tribal Epidemiology Center, known to the community

Another alternative: conduct in-person Tribal BRFSS surveys

TRIBAL BRFSS COMPLETED SURVEYS	RESPONSE RATE
Telephone (raw)	6.0%
Telephone (adjusted)	35.7%
In-Person	68.5%

Summary of AI/AN Colorectal Cancer Screening Data

- Tribes want tribal specific cancer data
- Tribes want to control their data and publications
 about their data
- Tribal health programs use the data for funding and reporting opportunities
- Tribes use the data to identify gaps in services
- Many more tribes would like to participate in a tribal BRFSS project

Thank you!

Questions?

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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



National Center for Chronic Disease Prevention and Health Promotion Division of Cancer Prevention and Control