

Early Detection as a function of public health

Place Matters
November 2010

BINGO!

- Q: True or False, screening for problem drinking and providing brief counseling could also lead to reduce cancer risk?
- A: True. Alcohol use is a risk factor for colorectal cancer, oesophagus, breast cancer, liver cancer, and cancers of the mouth, pharynx, and larynx.

Bingo

- Q: When a patient is at what age should a provider discuss aspirin therapy for the prevention of heart disease and stroke?
- A: 40 for men and 50 for women; early if high risk (i.e. previous heart attack)

Bingo

- Q: What percentage of breast cancer cases occur in women under 40 years of age: 5%, 15% or 25%?
- A: 5%

Bingo

- Q: According to current USPSTF guidelines, when should women begin screening for cervical cancer?
- A: Three years after the onset of sexual activity (about 21 years old).

Bingo

- Q: What well known cancer screening is no longer recommended by USPSTF for the general population of men?
- A: Prostate cancer screening because it has not proven to reduce mortality and has potential harm.

Bingo

- Q: What is considered pre-hypertension?
- A: Systolic blood pressure 120-139, diastolic blood pressure 80-89

Bingo

- Q: For the general, non-African American population, what is the recommended age to begin screening for Colorectal Cancer?
- A: 50 years of age. African Americans should begin screening at age 45.

Bingo

- Q: Women who do what are about twice as likely to get cervical cancer as those who don't?
- A: smoke

Bingo

- Q: How often should women be screened via Pap?
- A: At least every three years.

Bingo

- Q: What is the number one leading cause of cancer death?
- A: Lung cancer. While there is no screening for lung cancer, screening for tobacco use along with brief intervention is recommended.

Bingo

- Q: True or false: aspirin therapy is recommended preventive strategy in those with diabetes at increased cardiovascular risk?
- A: True. Increase risk includes those over age 40, diagnosed with high blood pressure, tobacco user, etc.

Bingo

- Q: What is high blood pressure?
- A: Systolic blood pressure >140, diastolic blood pressure >90

Bingo

- Q: What important screening did President Obama promote in his first State of the Union address?
- A: Colorectal cancer screening.

Bingo

- Q: The HPV vaccine protects against two types of HPV that cause what percentage of cervical cancers: 50%, 70% or 90%?
- A: 70%. The vaccine does not protect against all HPV infections so cervical cancer screening is still important.

Bingo

- Q: What percentage of colorectal cancer is preventable and curable when found in its earliest stage?
- A: 90%

Bingo

- Q: True or false: Most women diagnosed with breast cancer have a family history.
- A: False. 85% of women with breast cancer have no family history

Bingo

- Q: How often should cholesterol be checked?
- A: Every 5 years after age 20; more often with risk factors

Bingo

- Q: What one preventive service would save the most quality-adjusted years of life (QALYs)?
- A: Tobacco-use screening and brief intervention. This is according to the authors of the article *Priorities Among Effective Clinical Preventive Services*.

Bingo

- Q: What is an abnormal growth that can lead to colorectal cancer?
- A: A polyp.

Bingo

- Q: Name two ways to reduce your risk for colorectal cancer.
- A: A diet high in fiber, garlic and calcium; a diet low in red and processed meats and alcohol; engage in physical activity and maintain an appropriate weight.

Bingo

- Q: What percentage of breast lumps are benign: 40%, 60% or 80%?
- A: 80%.

Bingo

- Q: True or false: Women with breast cancer found at the latest stage have a 26% survival rate at 5 years.
- A: True.

Bingo

- Q: What is the second leading cause of cancer death?
- A: Colorectal cancer.

Bingo

- Q: What is the primary risk factor for cervical cancer?
- A: Human papillomavirus (HPV) infection

Bingo

- Q: True or false: Women with breast cancer found at the earliest stages have a 98% survival rate at 5 years.
- A: True

Presenters

Gail Brownmiller, Komen for the Cure


LaRisha, Michell and Marsha Baker,
Steve Baker Colorectal Cancer Alliance

Sabrina Freewynn, Oregon Health Authority


From Data to Saving Lives: Making Public Health Education Work at the Community Level

Gail Brownmiller, MPA
Director of Community Programs


Oregon & SW Washington Affiliate



Our Promise




To save lives and end breast cancer forever by empowering people, ensuring quality care for all and energizing science to find the cures.



Community Profile

Community Profile Needs Assessment

- Conducted every two years
- Identifies Issues, Gaps & Barriers
- Identifies an Action Plan
- Board Approval



Strategic Plan

3 year rolling Strategic Plan

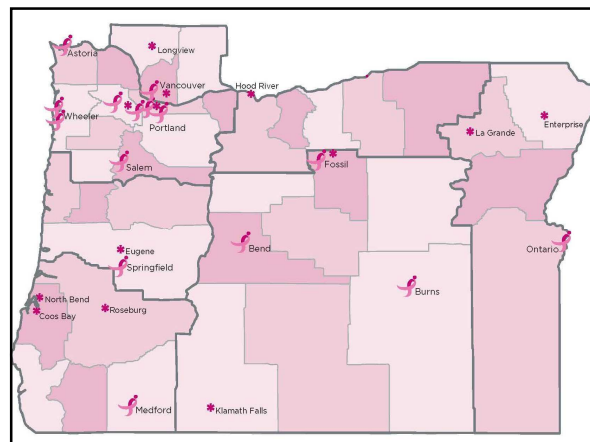
Annual Work Plans

Create new programs, if necessary

Sets Grant Priorities

Geographic Targets

Target populations



Current Grant Priorities

1. Culturally competent breast health information for under-served groups of women
2. Increased recruitment of low-income women over age 40 for first time screening services;
3. Increased support for those in treatment;



Grant Priorities cont'd.

4. Increased information and access to breast health services for women in rural areas;
5. Better communication about breast health and breast cancer resources for both patients and medical professionals; and
6. Transportation programs to increase access to services.



Susan G. Komen for the Cure® Screening Recommendations

- Beginning at age 40, women at average risk should obtain a clinical breast exam and a mammogram annually.
- Women with a higher risk should follow the specific screening recommendations by their physicians.
- Komen also recommends Breast Self Awareness (BSA) beginning at age 20. Women should become familiar with the normal look and feel of their breasts



Grants – Macro to Micro

- Screening Grants - \$615,000
- Regional Education Initiative - \$60,000 + \$10,000
 - Targeted Regions
 - Targeted Populations
- Community Grants - \$35,000
- Transportation Grants - \$85,000 and \$5,000
- Mini-grants - \$2,000



Komen Portland Race for the Cure®

The Premier Breast Cancer Awareness & Fundraising Event



Partnerships

- Oregon Breast & Cervical Cancer Program
- Washington Breast, Cervical and Colorectal Health Program
- American Cancer Society
- OHSU Knight Cancer Institute
- OHSU Center for Women's Health



New Program -Corporate Outreach

- Community Profile identified a need for outreach to women with insurance
- Developed a new Corporate Outreach program
- Launching it with sponsors
- Information for both employees and employers
- Begins this fall



Completing the Cycle

1. Receive quarterly reports
2. Update data every two years
3. Use new sources of data as available
4. Review the Action Plan and Grant Priorities annually



One person can make a difference!

Good Public Health takes everyone working together!




Where do we focus?

“Decision makers at multiple levels need information about which clinical preventive services matter the most so that they can prioritize their actions.”

Maciosek, M. V., Coffield, A. B., Edwards, N. M., Flottemesch, T. J., Goodman, M. J., Solberg, L. I. (2006). Priorities Among Effective Clinical Preventive Services. *American Journal of Preventive Medicine*, 31(1), 52-61.

Additional QALYs saved if current % receiving services increased to 90%

• Tobacco-use screening and brief intervention	1,300,000
• *Aspirin chemoprophylaxis	590,000
• Colorectal cancer screening	310,000
• Influenza vaccine among adults	110,000
• Breast cancer screening	91,000
• *Problem drinking screening & brief counseling	71,000
• Cervical cancer screening	29,000
• *Vision screening—adults	31,000
• Chlamydia screening	19,000
• Pneumococcal vaccine—adults	16,000
• Cholesterol screening	12,000
• Hypertension screening	0

Questions