11-20-2015

Mailed At-Home FIT Intervention to Increase Colorectal Screenings at Sixteenth Street Community Health Centers

Alexander V. Herrera
Brian Hilgeman
Michelle Buelow
Melissa A. Lemke

Follow this and additional works at: https://aurora.org/jpcrr

Part of the Community Health and Preventive Medicine Commons, Oncology Commons, and the Public Health Education and Promotion Commons

Recommended Citation

Journal of Patient-Centered Research and Reviews (JPCRR) is a peer-reviewed scientific journal whose mission is to communicate clinical and bench research findings, with the goal of improving the quality of human health, the care of the individual patient, and the care of populations.
nonselectively, inhibits fungal growth in soil samples at moderately high levels. It does not appear likely that this Scerosporium apiospermum strain employs β-Th resistance for selective advantage in cedar mulched landscaping.

Mailed At-Home FIT Intervention to Increase Colorectal Screenings at Sixteenth Street Community Health Centers

Alexander V. Herrera, Brian Hillgeman, Michelle Buelow, Melissa A. Lemke

TRIUMPH Program, University of Wisconsin School of Medicine and Public Health; Internal Medicine and Family Medicine, Sixteenth Street Community Health Center

Background: Mailed at-home FIT intervention kits to increase colorectal cancer screenings at Sixteenth Street Community Health Centers (SSCHC).

Purpose: It is our goal to increase the current SSCHC colorectal cancer baseline screening rate of 23% to 50% within three years of full at-home FIT kit implementation.

Methods: Colon cancer is the second and third most common cause of cancer death in the United States in Hispanic men and women, respectively. Colonoscopy is the most common method of colon cancer screening, even among low-income patients. However, it has been shown in community health centers that mailed FIT kits are a more effective outreach method (40.7% completion) than colonoscopy outreach (24.6%) or usual care (12.1%). We hope to increase colorectal cancer screening in eligible patients at the SSCHC through mailed at-home FIT kits that have FIT materials, instructions and educational materials based on the Health Belief Model.

Results: A trial intervention will assess the potential for annual implementation with hopes of full implementation to all of SSCHC eligible patients in the future.

Conclusion: Application of culturally relevant interventions can be a practical and inexpensive method of increasing colorectal screening rates in community health centers with predominantly Hispanic populations.

Disease-Management in Family Medicine Clinics Through the Addition of a Health Coach: A Pilot Study

Crystal Y. Cichon, Jessica J.F. Kram, Tiffany A. Mullen, Pamela Voelkers, Kristin J. Magliocco, Kiley A. Bernhard, Dennis J. Baumgardner

Department of Family Medicine, Aurora Health Care; Center for Urban Population Health; Aurora Advanced Health Care; University of Wisconsin School of Medicine and Public Health; Aurora UW Medical Group

Background: In the United States, more than 80% of health care spending is focused on the management of chronic illnesses such as hypertension, diabetes and hyperlipidemia. Controlling these chronic diseases can lead to better health outcomes and decrease the number of preventable deaths. Patient self-management has shown to improve clinical outcomes. In a primary care setting, a multidisciplinary approach can more effectively educate patients on improving their health.

Purpose: To assess the impact of a health coach in a primary care setting as it relates to clinical outcomes.

Methods: Patients from two Aurora family medicine clinics were referred to a health coach by primary care providers. A total of 40 patients participated and paid out of pocket for the health coaching sessions (intervention). Patients had at least one scheduled session with the health coach that covered topics such as healthy eating, weight loss and exercise. Patient data, including glycohemoglobin, lipid panels and blood pressures, were reviewed pre- and postintervention.