

# The BCCHP Connection

Issue 19

March 2021

Greetings!

2021 is here and moving quickly—it's been close to a year since we carried our lap tops and monitors home to temporarily work remotely. Since then, I've moved my "office" to a more permanent space (bedroom) and have adjusted to this new normal.

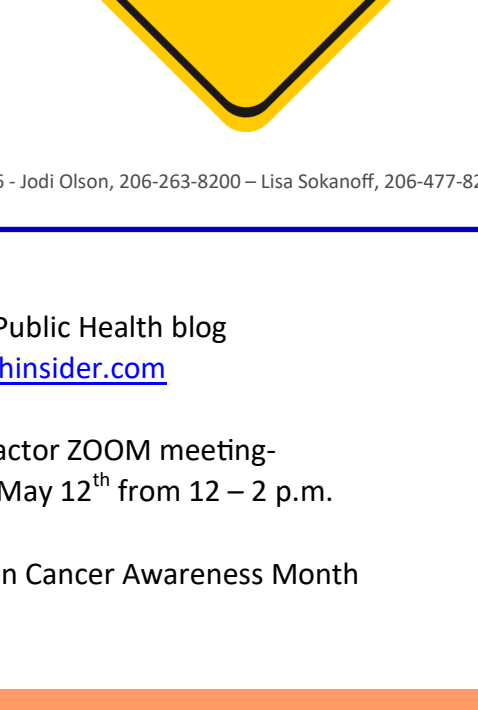
While the pandemic has changed us forever, I'm encouraged and feel hope that we are seeing the "beginning to the end" of this crisis, but recognize that this phase may be slower than we like. We acknowledge the huge impact and stress the pandemic has had on health care workers and we so appreciate all of you during this very difficult time.

Washington State demonstrated an effective coordinated effort for fighting COVID which contributed to lower death rates than other states per capita. COVID cases are on the downward trend, and with more vaccine availability, things are looking up. We will need to stay on course with safety measures to keep going in the right direction.

While we don't know exactly what the next year will bring—we can and will continue to meet your training needs virtually. Please don't hesitate to reach out.

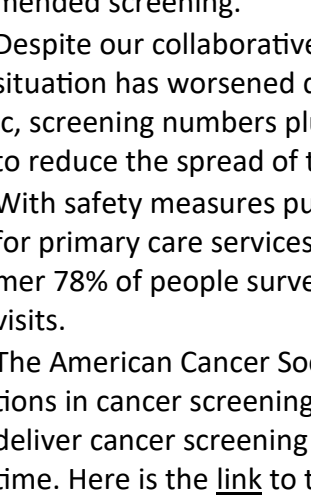
Stay well!

Amy, Heather, Jodi and Lisa



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## Important Dates and Reminders!



- Subscribe to Public Health blog [www.publichealthinsider.com](http://www.publichealthinsider.com)
- BCCHP Contractor ZOOM meeting- Wednesday, May 12<sup>th</sup> from 12 – 2 p.m.
- March is Colon Cancer Awareness Month

## Cancer Screening Rates and the Pandemic

Cancer prevention and screening is central to the goals of the Breast, Cervical and Colon Health Program (BCCHP). With the help of our contract partners, we work to insure that our targeted populations are receiving regular, recommended screening.

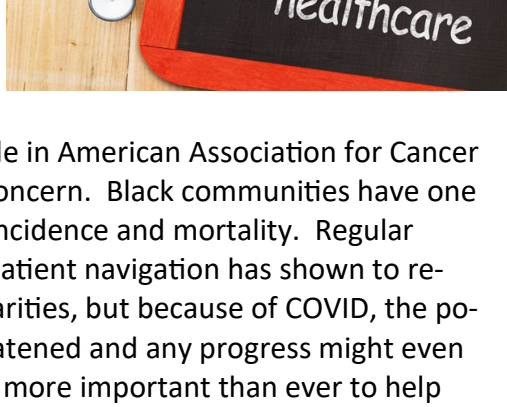
Despite our collaborative efforts, many populations remain unscreened. This situation has worsened during the pandemic. During the onset of the pandemic, screening numbers plummeted, as clinics prioritized COVID related care and to reduce the spread of the virus.

With safety measures put in place, most clinics are ready and able to see clients for primary care services, including cancer prevention screenings. Yet, last summer 78% of people surveyed said they would continue to delay preventive care visits.

The American Cancer Society created guidance for responding to the disruptions in cancer screening. This information includes ways we can promote and deliver cancer screening appropriately and equitably during this challenging time. Here is the [link](#) to the report.

Nationally, compared to 2019, screening tests for breast, cervical, and colorectal cancer were decreased by 89.2%, 83% and 84.5% respectively during the first 3 months of the pandemic. BCCHP numbers are starting to raise but are still lower than pre 2020 rates.

The level and focus of the rebound of screenings after COVID will determine any long term consequences. In a recent article in American Association for Cancer Research it provided an example for the concern. Black communities have one of the highest rates for colorectal cancer incidence and mortality. Regular screening through the use of systemized patient navigation has shown to reduce and eliminate colorectal cancer disparities, but because of COVID, the potential reduction of CRC disparities is threatened and any progress might even be reversed. (aacrjournals, Feb.9,2021) It's more important than ever to help navigate clients back to screening and help to reduce any barriers to screening. The article further cautioned the risk of continued delayed screening and it's impact on cancer outcomes. Modeling studies of delaying screening for 12 months increased cancer deaths (5 years after diagnosis) by approximately 8% for breast cancer and 16% for colorectal cancers. Another potential unintended consequence of COVID-19.



## King County Community Health Needs Assessment

This report, done in conjunction with 10 hospitals and health systems, identifies the needs of our communities and ways in which we can work together to address those needs. This [link](#) provides both a summary and access to the full report.

## BCCHP Enrollment and Navigation Projects

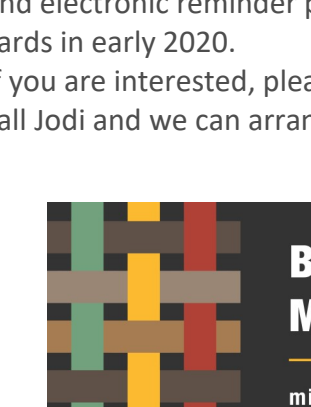
Since early winter, BCCHP has been working in conjunction with the University of Washington, on two projects focused on BCCHP enrollment and patient navigation. Nursing students working on a honors project and a masters student at the School of Public Health are implementing these projects, with the support of Wendy Barrington, Ph.D.

The purpose of the projects is to collect detailed information to help us understand more about how our contracted clinics enroll clients in the Breast, Cervical, and Colon Health Program (BCCHP) as well as document and track navigation provided to patients to complete cancer screening, diagnostic and treatment. The projects will be a combination of interviews with clinical staff, surveys and data analysis, to better understand any workflow issues that inhibit the ability to provide consistent access to cancer screenings and diagnostic services.

The first phase of the project is to conduct interviews with a BCCHP contracted staff working in clinic setting and at cancer centers. That feedback will serve to help determine next steps as we optimize BCCHP processes for both patients and clinic partners. The CDC, BCCHP funder, is focused on how targeted navigation impacts those clients with multiple barriers to service and how this is evaluated for effectiveness.

The project will help identify gaps in how clients are enrolled in the program, gaps in services, how to work with the teams to close those gaps, especially for the most vulnerable clients.

We will keep you informed on progress and next steps. Both student groups will provide an update on their projects at our May 12th all contractor meeting.



## BCCHP Contracts

We will begin our contracting process starting in May 2021 (I know, it seems like we just did this) with a **Request For Application (RFA)**. Our office will start this process by sending a letter to confirm contact information and notification of our RFA process.

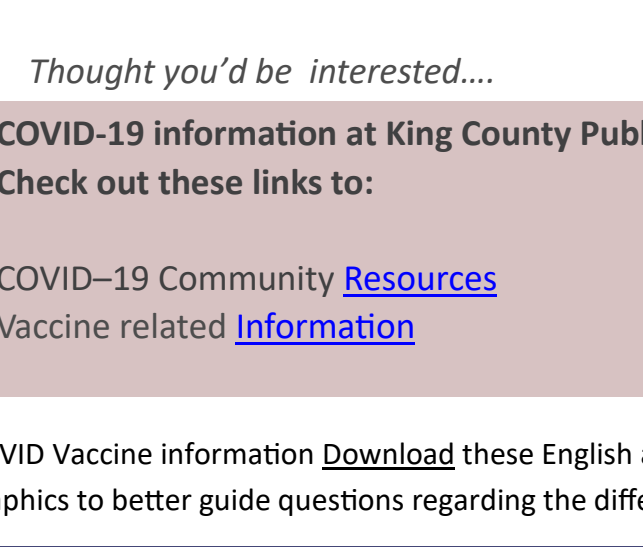
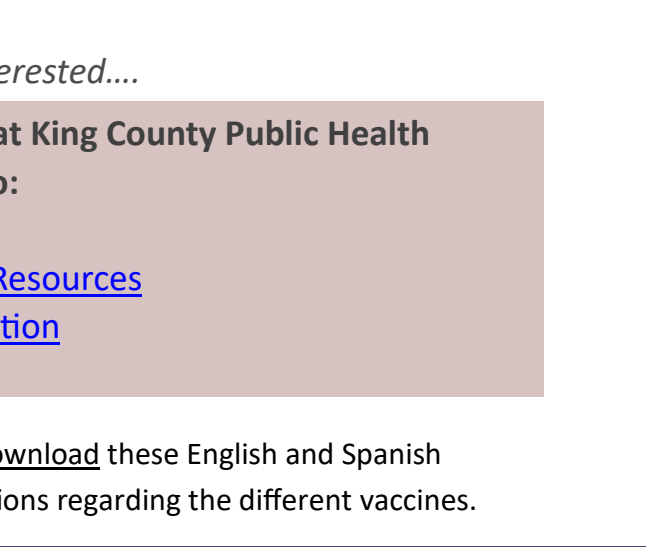
## March is Colon Cancer Awareness Month

Colon cancer is the second leading cause of cancer death but it is highly preventable. Here is a [link](#) for resources to help support awareness around colon cancer.

While we can't pay for screenings as part of BCCHP, we encourage you to educate clients about this important screening.

As a reminder, the BCCHP office created some posters and electronic reminder postcards in early 2020.

If you are interested, please call Jodi and we can arrange for those to be sent to you.



February is Black History month and provides a valuable opportunity to celebrate and reflect on the history and contributions of Black Americans. We celebrated most recently the election of a Kamala Harris as VP and the beautifully spirited poem Amanda Gorman, the first person to be named National Youth Poet Laureate, presented at the inauguration this year.

However, in order to build a better society where everyone is treated fairly, we need to regularly and purposefully recognize the ways Black History continues to address the generations of discrimination that has held people of color back. In health care we see BIPOC communities disproportionately affected by COVID and we continue to see disparities in cancer outcomes.

The American Cancer Society states that African Americans have a higher cancer burden and face greater obstacles to cancer prevention, detection, treatment, and survival. In fact, Black people have the highest death rate and shortest survival rate of any racial/ethnic group for most cancers in the U.S. Black women are 40% more likely to die of breast cancer than white women and are twice as likely to die if they are over 50. About a third of African American women reported experiencing racial discrimination at a health provider visit.

Experts say a number of factors could contribute to the disparity, including a deep distrust of the medical industry by black Americans because of a history of mistreatment. For example, Henrietta Lacks was a cancer patient in Baltimore in the early 50's whose cancer cells were used without her knowledge and permission. Those cells named HeLa cells, were used in medical research that amounted to billions of dollars.

King County government (where BCCHP Seattle office resides) is striving to make a difference in how disparities affect life outcomes. Recently four Black leaders at King County shared their work and the hopes for the future in a video. One of those leaders is Daphne Pie, Community Health Access Program Manager who has worked with BCCHP for two decades. Check out this [link](#) to the video. In June, Patty Hayes, Director of Public Health -Seattle & King County declared racism is a public health crises. King County is committed to creating new systems that create a culture that puts equitable policies first.

## WISEWOMAN

WISEWOMAN (well-integrated screening and evaluation for Women across the Nation) is a program created to help women understand and reduce their risk for heart disease and stroke by providing services to promote lasting heart healthy lifestyles. The program is an extension of the BCCHP in Washington state offering women ages 40-64, screenings, lab work and behavioral lifestyle coaching programs. This funding was not initially available to our 4-county area (Clallam, Jefferson, King & Kitsap) region, but last fall we were given the opportunity to pilot this program with one of contractors.

International Community Health Services is working with our office to soon provide these services in conjunction with BCCHP cancer screening services. We are very excited to be able to extend the services to BCCHP eligible women so they can have the right information to make informed lifestyle and heart healthy decisions. We hope to expand to include more contractors later this year.



Thought you'd be interested....

### COVID-19 information at King County Public Health

Check out these links to:

COVID-19 Community [Resources](#)

Vaccine related [Information](#)



## About the COVID-19 Vaccines

Millions of Americans have been vaccinated to protect themselves against the COVID-19 virus. If you're wondering which vaccine is best for you, the short answer is **whichever one is available to you upon eligibility**. All the FDA-approved vaccines are safe and effective.

### WHAT'S THE DIFFERENCE BETWEEN THE VACCINES?

All available COVID-19 vaccines have been shown to be highly effective at preventing serious impacts of the virus including hospitalizations and deaths. Their differences are primarily the dosage schedule and how they can be transported and stored, as shown below.

	PFIZER-BIONTECH	MODERNA	JOHNSON & JOHNSON
TYPE	mRNA	mRNA	Viral vector
DOSES	2	2	1
PEAK EFFECTIVENESS*	7 days after the second dose*	14 days after the second dose*	28 days after the single dose*
STORAGE TEMPERATURE	Requires ultra-cold storage	Requires cold storage	Can be stored at temperature of regular refrigerator

\*All three vaccines begin to protect you soon after being administered, including with the first dose.

### WHY DOES STORAGE TEMPERATURE MATTER?

All vaccines require refrigeration, and some require cold or ultra-cold storage that many facilities don't have. Each vaccine's storage temperature only matters for storage and transportation—it does not have an impact on the vaccine's effectiveness. The Johnson & Johnson vaccine can be stored in a regular refrigerator, so a local pharmacy or a doctor's office could potentially be a vaccination site, which would increase vaccine access.

### HOW EFFECTIVE IS EACH VACCINE?

All three vaccines are highly effective at preventing COVID related hospitalizations and deaths. The single-dose Johnson & Johnson vaccine has been shown to be 85% effective in preventing COVID-19 hospitalizations and deaths, and, in clinical trials in the U.S., 72% protective against moderate COVID-19 disease. The Pfizer-BioNTech vaccine showed efficacy of 95% at preventing symptomatic COVID-19 infection after two doses and the Moderna vaccine was 94.1% effective at preventing symptomatic COVID-19 infection after the second dose.

For the latest information about COVID-19 vaccines, visit [CDC.gov/coronavirus](http://CDC.gov/coronavirus)  
For more COVID-19 communications resources, visit [publichealthcollaborative.org](http://publichealthcollaborative.org)

Published March 5, 2020