



## Congratulations to the **CliniCare Screend Team (Cavalier)** on achieving the **BRONZE MILESTONE!**

### QUOTE OF THE WEEK

*People are dying of embarrassment or ignorance, and it is completely unnecessary.*

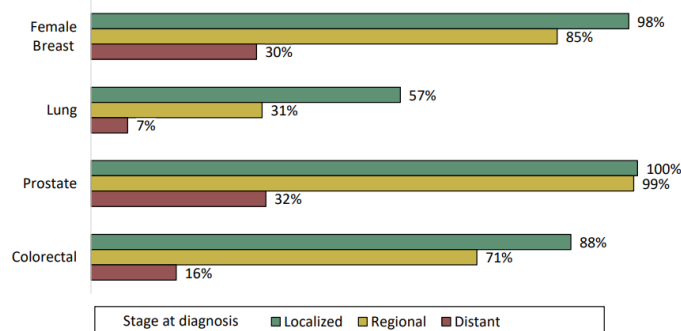
~ Beverly Greenwald

If you missed the “[Crappy Communication](#)” Rapid Action Collaborative module with Beverly Greenwald presenting or want to share it with your team, you can access it without needing to be logged in to the site. Please consider sharing it in a staff meeting – lots of good practical info here!

## Dashboard

### Early Intervention is Critical

**Figure 2. 5-Year Relative Survival for Common Cancers by Stage at Diagnosis** (5-Year Relative Survival Estimates the Percentage of Cancer Patients Who Will Have Not Died from their Cancer 5 Years after Diagnosis)



\* Based on cancers diagnosed during 2011 to 2017 and follow-up of patients through December 31, 2017.

Source: USCS: Data Brief November 2021 | No. 25. Available at <https://www.cdc.gov/cancer/uscs/about/data-briefs/no25-incidence-relative-survival-stage-diagnosis.htm>

## Recorded Events

### Relational Leadership: Creating High Performing and Engaged Teams to Achieve Greater Success and Reduce Burnout Across Practice Settings

Presenter: Andrew Morris-Singer, MD

Click [here](#) to view the 01/13/22 event recording.

Because of the incredible interest, in response, this event is being used as a springboard to develop further education and facilitated conversations around this topic. The first of those was held January 20. Click [here](#) to view the event recording.

## News, etc.

### Socioeconomic and Racial/Ethnic Disparity and the Awareness, Knowledge and Use of CRC Screening

We are pleased to share results from the publication, “[An examination of socioeconomic and racial/ethnic disparities in the awareness, knowledge and utilization of three colorectal cancer screening modalities.](#)”

Utilizing data from the same national survey described above, the authors examined associations of race/ethnicity and socioeconomic status (SES) with awareness, knowledge, and utilization of FIT/gFOBT, mt-sDNA, and colonoscopy. Click [here](#) to view Dr. Rutten’s summary (starts at minute 5:19).

#### Key findings:

- Comparing across CRC screening modalities, more **racial/ethnic and SES differences were observed** in awareness, knowledge, and utilization of screening **colonoscopy and mt-sDNA than FIT/gFOBT.**
- Although CRC screening guidelines recommend initiating CRC screening at age 45 or 50 regardless of the screening modality, the authors found that many participants **inaccurately assumed that the age to initiate CRC screening differs by screening modality.**

**Why does this matter?** Understanding awareness, knowledge, and utilization of common screening modalities within different racial/ethnic and SES groups is critical to improve population screening uptake and reduce disparities in CRC-related health outcomes.

## Screend Contacts

**Nikki Medalen, MS, BSN**  
Quality Improvement Specialist  
[nmedalen@qualityhealthnd.org](mailto:nmedalen@qualityhealthnd.org)  
701.989.6236

**Jon Gardner**  
Network Administrator  
[jgardner@qualityhealthnd.org](mailto:jgardner@qualityhealthnd.org)  
701.989.6237



Quality Health Associates  
of North Dakota

41 36<sup>th</sup> Avenue NW | Minot, ND 58703  
[www.screend.org](http://www.screend.org)