80% by 2018 Strategic Mapping

Pre-Meeting Survey Results

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80% by 2018 Strategic Mapping
Pre-Meeting Survey

What:
• Participants took a 13 question on-line survey

Participants:
• 22 individuals took the survey; 21 organizations represented
• 23 organizations represented at the meeting

Purpose:
• To help determine where organizations are focusing their efforts around colorectal cancer screening, what else needs to be done and how the Roundtable can help maximize these efforts.
Major Targets/Direct Audiences
- Health care providers, government, and consumers (particularly those over 50)

Emerging Targets/ Messenger Audiences
- Employers (ACS, C-Change, Optum, Center for Colon Cancer Research, NHCRCSP)
- Payers (CCA, Center for Colon Cancer Research, Optum, NHCRCSP)
- Hospitals/Medical Centers (ACS, CoC, CCA, NHCRCSP)
- CHCs (NACHC, HRSA, ACS, many programs for underserved)
- RN/NP/mid-wives/PA (ACOG, Prevent Cancer Foundation)
- State health departments (CDC, C-Change, ACS, NCI, Prevent Cancer Foundation)
- CCC programs/coalitions (ACS, CDC, NCI, C-Change, ACR, NHCRCSP)
- Community groups/churches (NACHC, NYU)
- National media (CDC, ASGE, ACG, CCA, ACS, ACR, EIF)
- Multi-cultural media (NYU, AARP, C5, Center for Colon Cancer Research)
- Survivors/Family (CCA, Fight CRC, ASGE, ACR, Center for Colon Cancer Research)
- Academic Researchers (NCI)
- Residence/students (AAFP)
Q7 There are a number of ways to influence adults to get screened for colorectal cancer. What three groups or channels are most targeted by your organization? (Please Select Three).

Answered: 22  Skipped: 2
What do we have going for us?

- Avenues in place to reach professionals; tools to assist professionals
- Research on barriers and facilitators to screening (NCI/AAFP)
- Strong leadership in the field of policy change/advocacy (ACS CAN, Fight CRC, C-Change)
- Willingness to reach out to employer leadership (C-change, Optum, ACS)
- Strong presence on the ground (CDC CRCCP program, CCC programs and coalitions, state health departments, ACS staff and other local leaders)
- Many of us have programs to provide screening to the underserved (CDC, CCA, C-Change, NHCRCSP, ACS, C5, NYU, etc)
- C5 offers intriguing model of data driven targeted outreach
- Survivors are energized and willing to assist and share stories (Fight CRC, CCA)
- Loose network of Relays, fun runs and other community events (ACS, CCA, Prevent Cancer Foundation, NYU, etc.)
- Social media helps connect national efforts to community and vice versa (EIF, Fight CRC)
- Seems to be strong collaborative spirit; the right groups are at the table
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What are the barriers?
• Resources and funding, resources and funding.

Suggestions
• Repackage and repurpose existing tools and materials for professionals; (providers, community health centers, insurers, employers)
• Identify and address gaps in tools
• Activate peer-to-peer outreach to employer, hospital and health plan leaders
• Provide shared messages and graphics that keep individual members visible
• Develop/test multicultural materials/messages
• Activate survivors/share stories (patient and family) to reach targets
• Pop culture (celebrities/spokespeople) can be used to reach targets
Survey Insights

Messages

• There are various testing options
  – The best test is the one that gets done
• Benefit of ACA on screening needs to be communicated

Roundtable Action Items

• Support developing a roadmap around 80% by 2018 with tools needed to be successful
• Collaboration between organizations and available resources will be critical to reaching the goal
  – Provide clear and diverse opportunities for organization to participate
  – Continue work to promote existing tools on systems and policy change
  – Nccrt.org as possible “nerve center?”
  – Need clarity if 80 X 18 is a public awareness campaign or a campaign to rally organizations to increase screening
• Roundtable members would like to be visibly represented on nccrt.org and in materials and activities
• Need to determine metrics and goals, success
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KEY QUESTIONS

Provider/Systems Change

• How do we leverage existing tools and research? We have avenues/channels in place to reach professionals; tools to assist professionals – how do we connect the two?

• How do we improve collaboration with primary care physicians? What advice do we have about aligning/investing in priorities?

• How do we improve/repackage information going to community health centers? How can we be sensitive to the burden CHCs face?

• How do we leverage our individual efforts to provide screening to the underserved? How can we learn from each other and maximize resources?
KEY QUESTIONS

Consumer Communication/Outreach
• Grassroots communication cannot be ignored. What do troops on the ground most need? How can we help enhance those efforts?
• Can we increase efforts to reach multi-cultural audiences? Employers can help.
• How do we reach those who do not go to the doctor? Identify another route?
• How do we reach the newly insured?

Policy
• How do we partner with Medicaid?
• How do we pay for navigation?
• How do we remove cost barriers to colonoscopy?
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Next Steps....