



**CANCER CENTER SUMMIT: A
STRATEGIC LOOK AT CANCER CENTERS AND
COLORECTAL CANCER SCREENING
*PRE-MEETING SURVEY RESULTS***

CALEB LEVELL
NATIONAL COLORECTAL CANCER ROUNDTABLE
AMERICAN CANCER SOCIETY



Q8. What do you recommend for addressing financial/sustainability issue that are needed to advance cancer center work in this area?

Make the case that screening is financially rewarding for a cancer center.

Engage payers early in the process.

Diverse and/or collaborative funding. Grant funding for EBIs; utilize strategic partnerships across disease areas; local philanthropy.

Increase cancer center outreach staff. Think navigators and community liaisons.

Q8. What do you recommend for addressing financial/sustainability issue that are needed to advance cancer center work in this area?

Support for navigation programs. Federal/state funding; Community Benefit grants; other supporting grants; expand research cost/benefit of navigation.

Advocacy and Policy Change. Particularly at the state level.

Reframe the message. Make the case for screening underserved populations to health systems; demonstrate working models (ACS Links of Care)

Strategic Partnerships.

Q8. What do you recommend for addressing financial/sustainability issue that are needed to advance cancer center work in this area?

Make the case.

Help to engage other stakeholders. Pool resources and collaborate on grants.

HOWEVER, little response from agencies on this question. Potential area for conversation today.

Q9. Which essential partners should cancer centers work with at the local level to improve colorectal cancer screening?

General agreement on wide range of community partners from all sectors of society – public, private, and nonprofit/voluntary. **LeaAnn Bailey wins this question!**

Clinical/health (e.g., Federally Qualified Health Centers and other community health centers, Prevention Research Centers, health departments, other hospitals, nutrition centers, Red Cross chapters, pharmacies)

Planning/regulatory agencies (e.g., Area Health Education Centers)

Community (e.g., faith communities/organizations, multicultural community centers, shelters/soup kitchens, migrant worker groups, civic groups, minority and LGBTQ organizations))

Q9. Which essential partners should cancer centers work with at the local level to improve colorectal cancer screening?

Business (e.g., private businesses – barber/beauty shops, restaurants serving traditional cultural foods, etc.; Chamber of Commerce; rural economic development centers)

Academic (e.g., institutions serving underserved health disparity populations and underrepresented students; other colleges and universities)

Communication (e.g., health advocacy newsletters, media, state/local websites)

Government (e.g., city council members and other elected officials, Mayor's/County Executive's office, military installations)

Funding resources (e.g., philanthropic institutions, foundations)

Q9. Which essential partners should cancer centers work with at the local level to improve colorectal cancer screening?

National Agencies (NCI, CDC, ACS)

Professional associations (Primary care, surgical, etc.)

Voluntary collaboratives (State cancer coalitions and cancer plans)

However, what are the ESSENTIAL partners?

Q10. What should national leaders be doing to support cancer centers in this role?

Funding (particularly that encourages collaboration; also for demonstrated, successful EBIs)

Central, neutral hub for unified messaging. (Joint cancer center consensus statements, coordinated awareness campaigns)

Connector (cancer centers to cancer center; or to local stakeholders)

Q10. What should national leaders be doing to support cancer centers in this role?

Guidance and Leadership (Setting expectations, benchmarks, and guidelines specifically for collaborations; recognition/distinctions)

Resources (toolkits, guides, case studies, technical assistances, workshops, etc.)

Aligned Actions. (Broader than messaging. Cooperation, communication, Sharing)

Connector. (Helping to establish the relationship and, more importantly, roles of cancer center and community org.)

Q10. What should national leaders be doing to support cancer centers in this role?

Agrees!

Develop strong case study; provide funding; connect; provide resources (funding, educational, TA)

Also, federal advocacy in health care and ACA expansion/improvement

Q11. What issues could benefit by being addressed from a policy or legislative perspective? Please explain how.

Advocate for federal and state CRC screening programs

Screening Copays – Positive FIT and Follow up Screening

Reimbursement / funding for Patient Navigation

Reimbursement for other screening modalities

Q11. What issues could benefit by being addressed from a policy or legislative perspective? Please explain how.

Access to Care

Healthcare issues (continued coverage of CRC screening, Medicaid expansion)

CPC+ Program Funding.

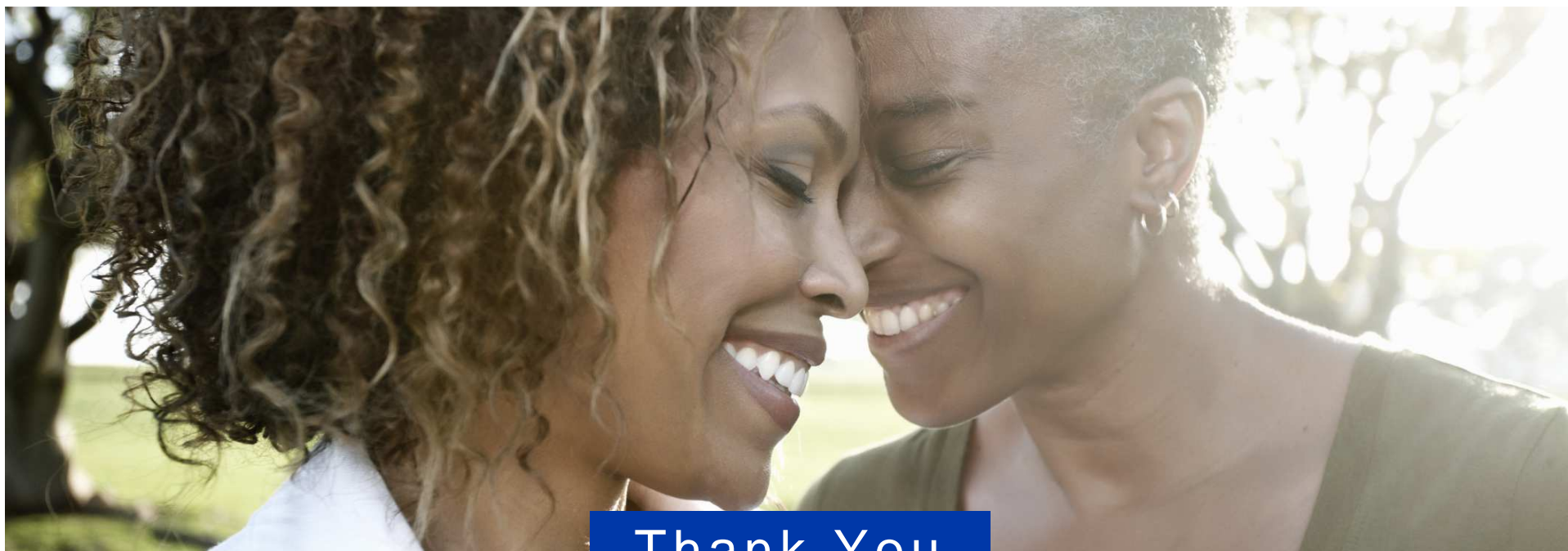
Critical to also focus on state legislative opportunities.

Q12 What other advice do you have for us on accelerating cancer center support for CRC screening, not captured above?

Funding. Utilize Cancer Center Support Grants. Provide funding supplements to develop and promote implementation interventions for rural or underserved communities.

Research and Practice. Continue to invest in understanding consumer and patient perspectives (refine messaging for targeted populations). Convene national forums on barriers to CRC adherence and involve cancer centers in the conversations.

Provide content, define roles, and prove the responsibility. Checklist of actions. Identify appropriate actors within cancer centers. Articulate how cancer centers benefit from this focus, why it's important for catchment area, and demonstrate other successes.



Thank You