New ACS NCCRT Resource Webinar: Colorectal Cancer Screening in Rural Communities Best Practices Guidebook

July 28th, 2025
3:00-4:00pm ET

Disclosures

None of our panelists or speakers have any disclosures to make.

ACS NCCRT Snapshot

History: Established by the ACS, in partnership with the CDC, in 1997, to serve as an umbrella organization to engage all types of stakeholders who are committed to save more lives from CRC

Mission: Reduce incidence of and mortality from CRC

Membership: Collaborative partnership of 230+ member organizations, including nationally known experts, thought leaders, and decision makers

Operations: Work is coordinated by the ACS NCCRT Team, and is conducted year-round by our members with guidance and support from our volunteer leaders

Convening: Each year the **ACS NCCRT Annual Meeting** addresses important topics and sets the agenda for the following year

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Purpose of Today's Presentation:

1. Introduce the new ACS NCCRT Rural Best Practices Guidebook
2. Understand the burden of CRC in rural communities
3. Showcase evidence-based interventions and promising strategies to reach patients for CRC screening in rural areas
4. Explore best practices and successes from Arizona and Alaska
5. Q&A

Today's Presenters

Emily Bell, MPH
ACS National Colorectal Cancer Roundtable

Mary Carson Brown, CHES
One Health Insights

Patty Molina, MPH
Mariposa Community Health Center

Cara Brown, MSN, MBA, RN
Bristol Bay Area Health Corporation

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Poll

1. In what capacity do you work with rural communities on CRC screening?

2. If your organization provides CRC screening, do you employ or partner with community health workers and/or screening navigators?

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About the Guidebook

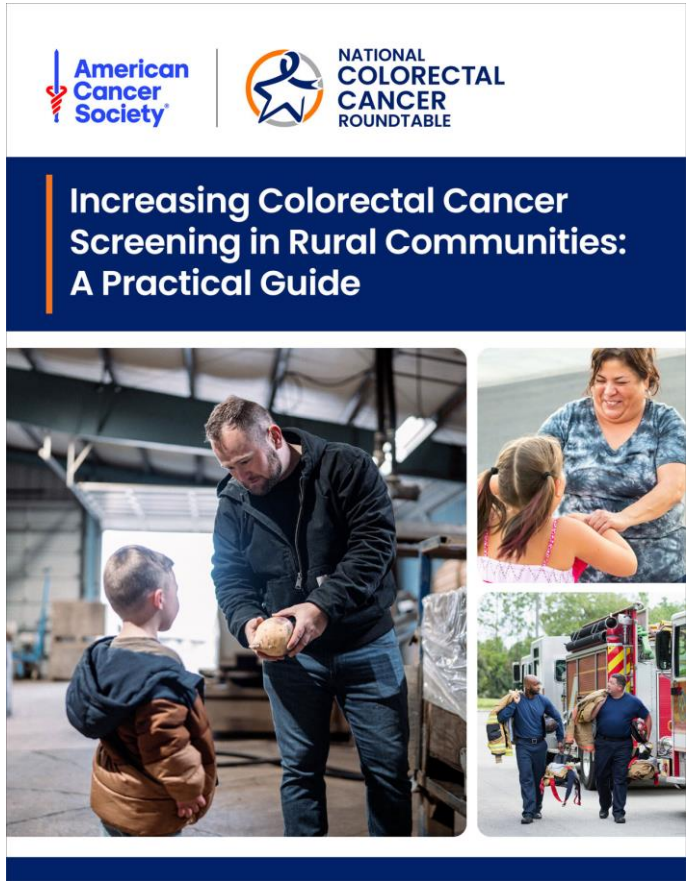
Introduction to the Guide

About this Guide

- **Background:** People living in rural communities face higher CRC incidence and mortality rates, increased prevalence of risk factors associated with CRC, and unique barriers to CRC screening when compared to non-rural residents.
- **Objective:** To address this need, the ACS NCCRT sought to develop a guide to support key community partners in understanding and overcoming the unique challenges and common barriers to CRC screening faced in rural communities.

How to Use the Guide

- **Audience:** Targeted at health systems—inclusive of community health centers, primary care practices, and hospitals—as well as community-based organizations.
- **Format:** Designed to give you easy and direct access to the materials most relevant to your needs and specific challenges.



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Acknowledgments

Rural Communities Advisory Committee:

- Cara Brown, MSN, MBA, RN, Bristol Bay Area Health Corporation
- Susan Eason, MA, WV University Cancer Institute
- LaToya Brave Heart, MPH, formerly with the Great Plains Tribal Leaders Health Board
- Tracie Lewis, MS, CRC Prevention Network, University of SC
- Nikki Medalen, MS, RN, CPHQ, Quality Health Associations of North Dakota
- Michael Newcomer, MD, Western NC CRC Screening Initiative
- Amanda Petrik, PhD, Kaiser Permanente Center for Health Research
- Tamara Robinson, NE Cancer Coalition
- Elsa Staples, MPH, CO Cancer Screening Program

Our case study interviewees:

- Marlena Strandir, DO, BBAHC
- Cara Brown, MSN, MBA, RN, BBAHC
- Kari Novak, LPN, Unity Medical Center
- Kristen Pastorek, RN, Unity Medical Center
- Jayden Miracle, BS, HCA, MS HAS, Melissa Memorial
- Mary Kay Knode, Melissa Memorial
- Jeanna Szablicki, PharmD, Mariposa CHC
- Patty Molina, MPH, Mariposa CHC
- Tracie Lewis, MS, CCPN

Our contractor, One Health Insights

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Colorectal Cancer & Rurality

Defining Rurality

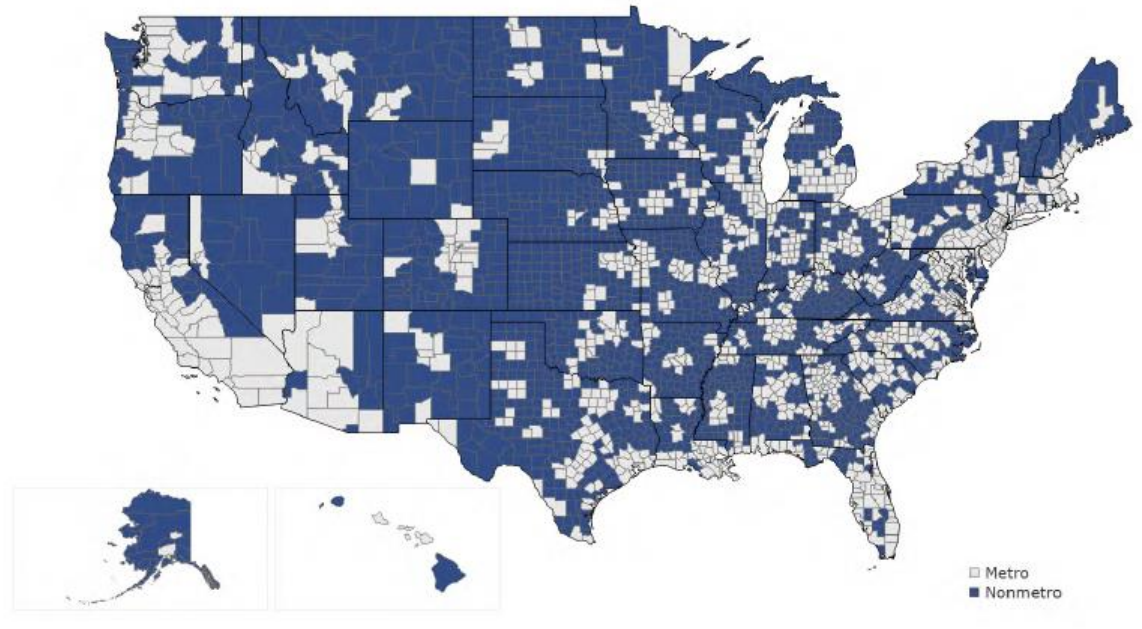
There is no single definition for describing rurality.

- The terms "nonmetropolitan" and "rural" are often used interchangeably, as are "metropolitan" and "urban."

For the purposes of this guide, we use the word in a general way, where:

- “Rural” describes communities of low population density, located largely outside of towns and cities
- “Remote” describes the most isolated and sparsely populated rural communities.

Metro and nonmetro counties, 2023 (USDA)



United States Department of Agriculture (USDA), Economic Research Service: 2023 Rural-Urban Continuum Codes.

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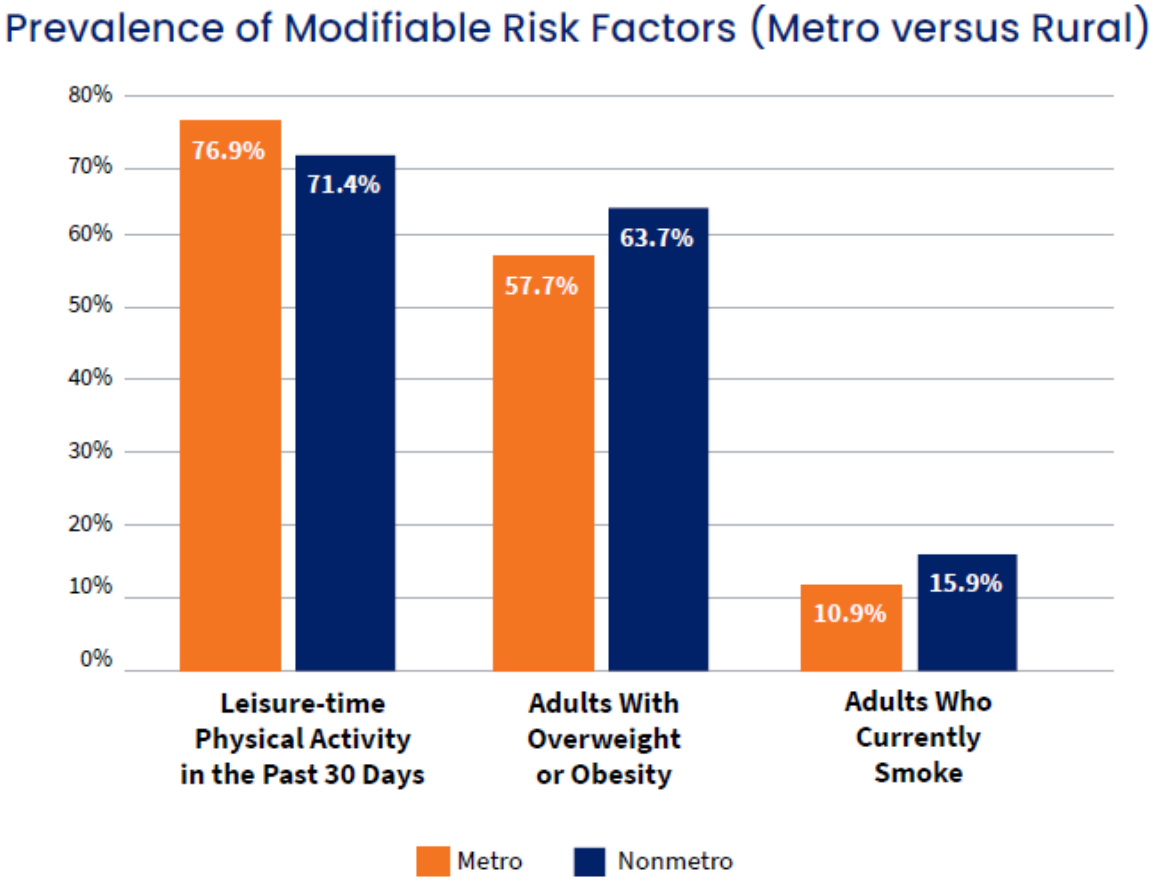
The Impact of Rurality on CRC

CRC rates are higher in rural areas.

- The prevalence of **high-risk health behaviors**. Is higher among people living in rural areas.
- CRC incidence rates are **16% higher** in rural areas compared to metropolitan areas.
- **2 in 3** people in rural areas will be diagnosed at a late stage.
- Though age-adjusted mortality rates have decreased dramatically since 1970, the **decrease in mortality rates is larger in metro areas compared to rural areas**.



The Impact of Rurality on CRC

People living in rural areas may not have equal access to the benefits of CRC screening.

- Limited availability of physicians and cancer care specialists
- Lack of insurance or underinsurance
- Transportation barriers, including longer distances to travel to reach screening facilities
- Low health literacy and limited knowledge, attitudes, and beliefs about CRC and screening recommendations
- Social stigma associated with cancer and screening procedures
- Concerns about privacy in small or close-knit communities

CRC screening rates are lower in rural counties.

- CRC screening rates are lower in rural counties (64.7%) compared to metro counties (66.6%)

66%
of Primary Care Health Professional Shortage Areas are in rural counties.[11]

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Guidebook Development & Case Study Methodology

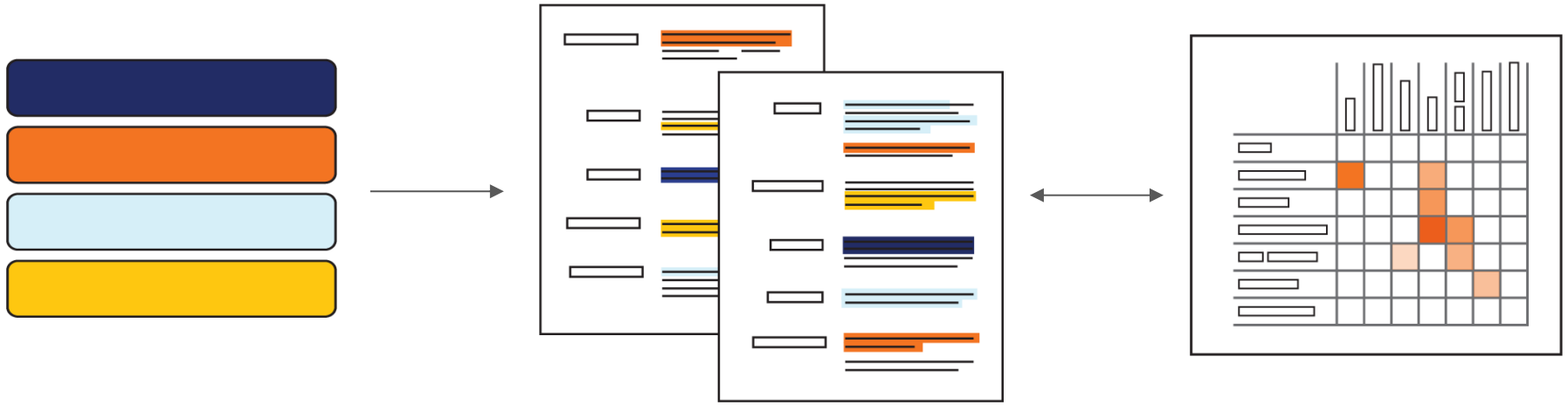
We spoke to…

- Bristol Bay Area Health Corporation – Dillingham, AK
- Colorectal Cancer Prevention Network at University of South Carolina – Columbia, SC
- Mariposa Community Health Center – Nogales, AZ
- Melissa Memorial Hospital – Holyoke, CO
- Unity Medical Center – Grafton, ND

We wanted to learn…

- How organizations identified community and organizational needs
- How organizations implemented EBIs and promising strategies
- What advice they would give to other rural organizations

Qualitative Analysis



Develop codebook

Apply codes

Analyze

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Develop Codebook

Parent Code

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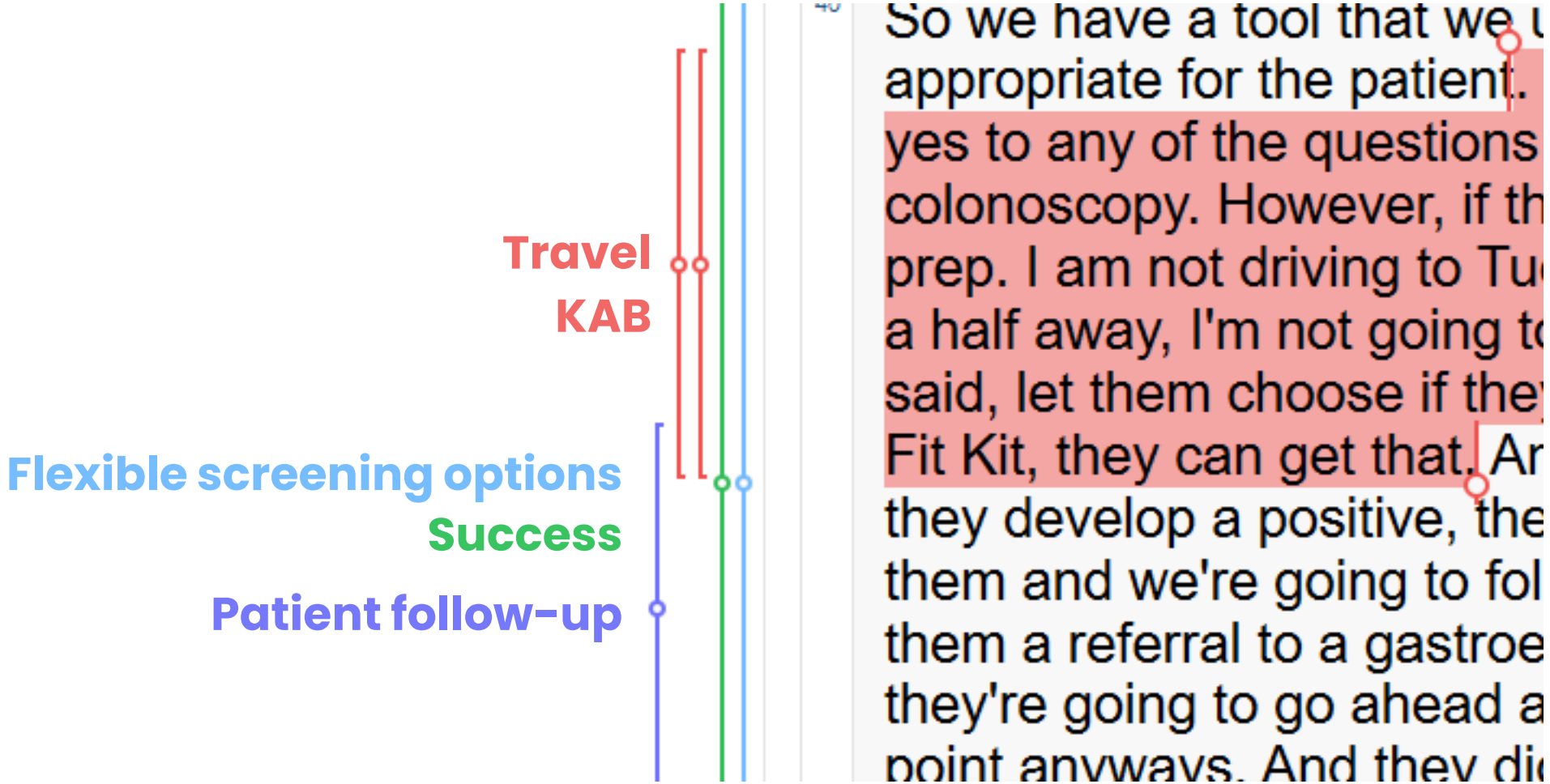
Develop Codebook

Community Challenges

Travel — Barriers related to travel, transportation, and distance for CRC screening

Coding the Data



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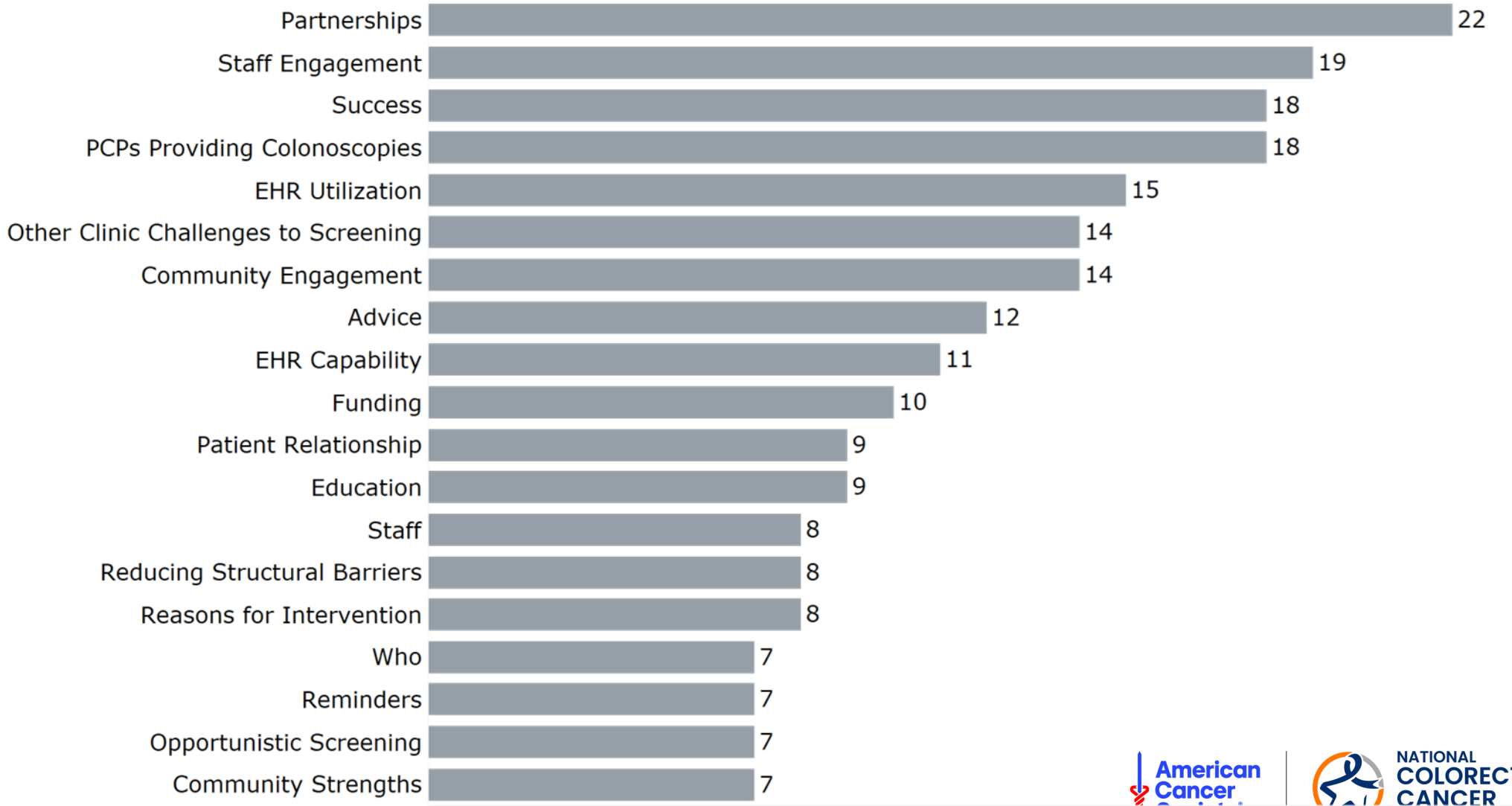
Emergent Codes

1. Assess Needs
2. Assess Resources
3. Address Barriers
4. Impact

	Assess Needs	Assess Resources	Address Barriers	Impact
Accessibility	3	1	7	1
Advice	4	12	6	9
Community Engagement	5	14	12	14
Community Health Workers	3	6	5	3
Community Strengths	0	7	3	6
Cost of Accessing Care	1	0	1	0
Cultural Competency	3	3	8	0
Documentation Status	2	0	0	0
Education	6	9	20	4
EHR Capability	8	11	4	3
EHR Utilization	6	15	8	3
Flexible Screening Options	5	5	9	9
Funding	5	10	4	2
Health Literacy	4	0	2	0
Knowledge, Attitude, and Beliefs	6	1	4	2
Language	9	6	13	2
Lessons Learned	0	4	0	3
Media	2	5	14	4
Need for Escort	5	1	5	0
Opportunistic Screening	1	7	4	3
Other Barriers	1	0	0	0
Other Clinic Challenges to Screening	8	14	4	4
Other Community Challenges to Screening	11	6	3	1
Other Efforts	3	2	3	3
Other Patient Oriented Efforts	2	1	2	1
Other Planning	0	0	0	0
Other Provider Oriented Efforts	0	0	1	1
Other Tailoring	1	1	3	2
Outreach Events	1	6	6	4
Partnerships	6	22	12	9
Patient Follow-up	4	3	12	6
Patient Navigation	7	6	11	7
Patient Relationship	5	9	17	15
PCPs Providing Colonoscopies	2	18	4	6
Provider Assessment and Feedback	0	0	1	1
Provider Reminder and Recall Systems	3	4	4	1
Reducing Out of Pocket Costs	2	3	5	2
Reducing Structural Barriers	11	8	16	8
Reminders	5	7	10	8
Staff	2	8	3	1
Staff Engagement	0	19	4	13
Success	6	18	19	35
Time Commitment	4	0	2	0
Training	1	5	2	2
Travel	18	6	9	0
Trust	2	0	2	1
Who	3	7	4	1
Why	8	8	2	0

Results | Assess Resources



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Evidence-Based Interventions & Promising Strategies

Evidence-Based Interventions

The Community Preventive Services Taskforce (CPSTF) recommended interventions for increasing CRC screening:

- Interventions Engaging Community Health Workers (CHWs)
- Multicomponent Interventions
- Patient Navigation Services
- Client Reminders
- One-on-One Education
- Reducing Structural Barriers
- Small Media
- Provider Assessment and Feedback
- Provider Reminder and Recall Systems

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Promising Strategies

1 **Optimizing EHR data**
Increasing capacity or improving the use of electronic health records and other clinic data to track screening rates

2 **Tailoring Communication**
Tailoring communication tools to be more relevant or accessible to rural patients

3 **Primary Care Clinician Colonoscopists**
Training primary care clinicians to perform colonoscopies

4 **Working with Innovative Partners**
Forming innovative partnerships to meet people where they are in the community (e.g., pharmacies, food banks) and expand services offered

5 **Using Data to Tailor Interventions**
Using data (clinic or local level) to understand the patient population and tailor interventions appropriately

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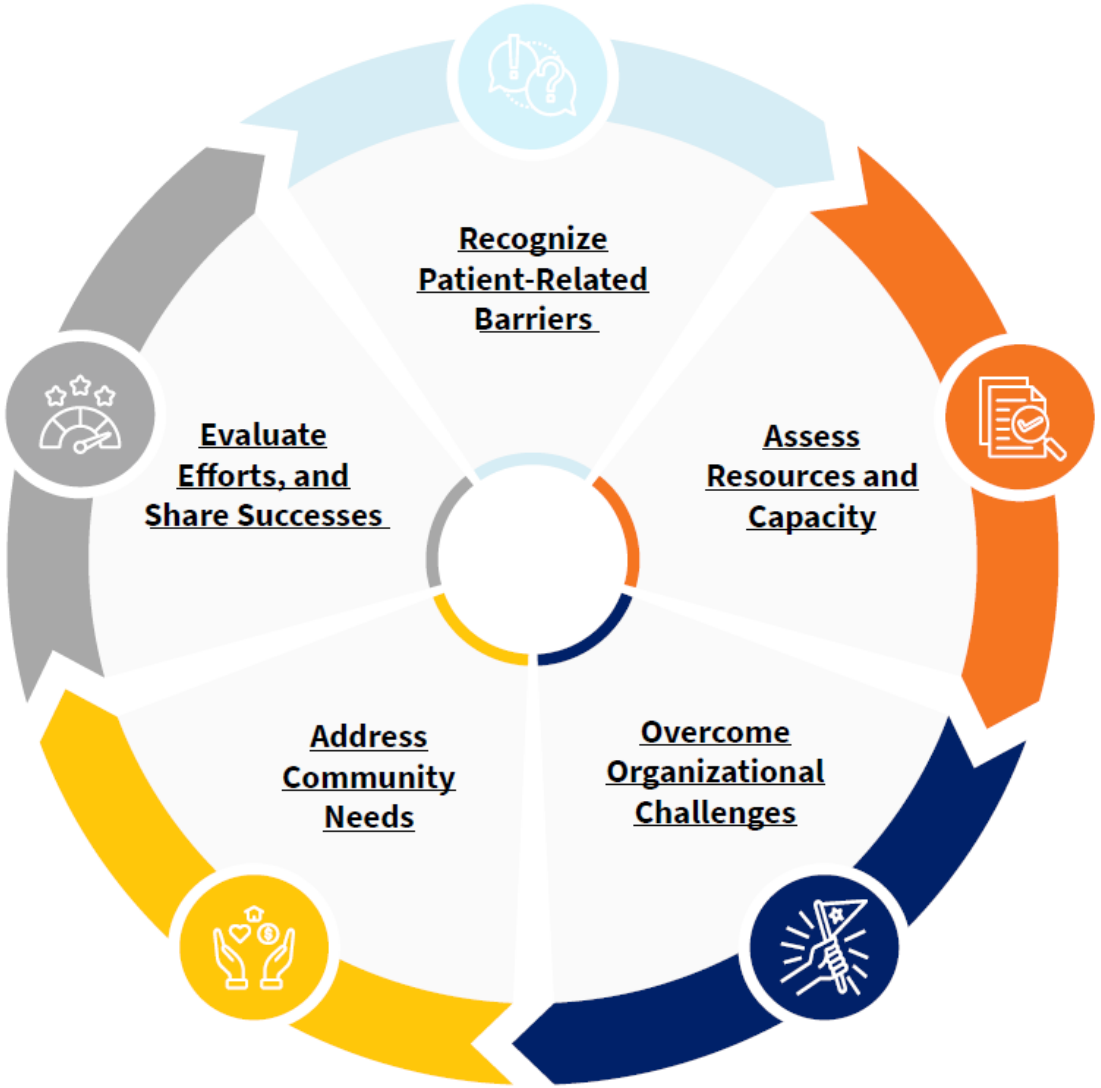
Five Recommended Actions to Improve CRC Screening Rates in Rural Communities

Five Recommended Actions



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1. Recognize Patient-Related Barriers

Overview

Understanding common patient-related barriers to CRC screening can help you determine where you'll need to leverage resources and design interventions to address the specific needs of those in the community you serve (e.g. barriers related to language, travel, cost/insurance, mistrust).

Best Practice Tips

- Conduct patient or community surveys or focus groups
- Review articles focused on increasing screening in your target population or secondary data sources

Resources & Tools

To explore data pertaining to CRC screening in your community, check out the ACS NCCRT resource: **The CRC Data Dashboard**

Case Study: CCPN continually assesses the demographics and barriers faced by South Carolinians to tailor their services to best meet their needs.

3. Overcome Organizational Challenges

Overview

Understand common organizational challenges to screening and potential solutions for overcoming them. Many organizations choose to implement multicomponent interventions to increase demand for and access to CRC screening.

Best Practice Tips

- Support staff knowledge, capacity, and engagement
- Address EHR limitations
- Leverage patient reminders and follow up
- Navigate patients through the screening process

Resources & Tools

For guidance on initiating CRC screening messaging leading up to age 45, check out the ACS NCCRT resource: **Lead Time Messaging Guidebook**

Case Study: Bristol Bay Area Health Corporation trained two family practice physicians to perform colonoscopies, reducing the need for patient travel.

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Spotlight: Primary Care Clinicians Performing Colonoscopy

Spotlight: Primary Care Clinicians Performing Colonoscopy

- Highlighted strategy for two case study sites
- The case for colonoscopy in primary care:
  - Data shows primary care clinicians provide high-quality colonoscopies.
  - Potential to address numerous barriers for patients in rural areas:
    - Reducing the distance required to travel for screening
    - Lowering patient out-of-pocket costs
    - Patients may feel more comfortable receiving screening from their regular, trusted physician
    - Potential improved continuity of care
- The Guide includes guidance on how to implement in your clinic

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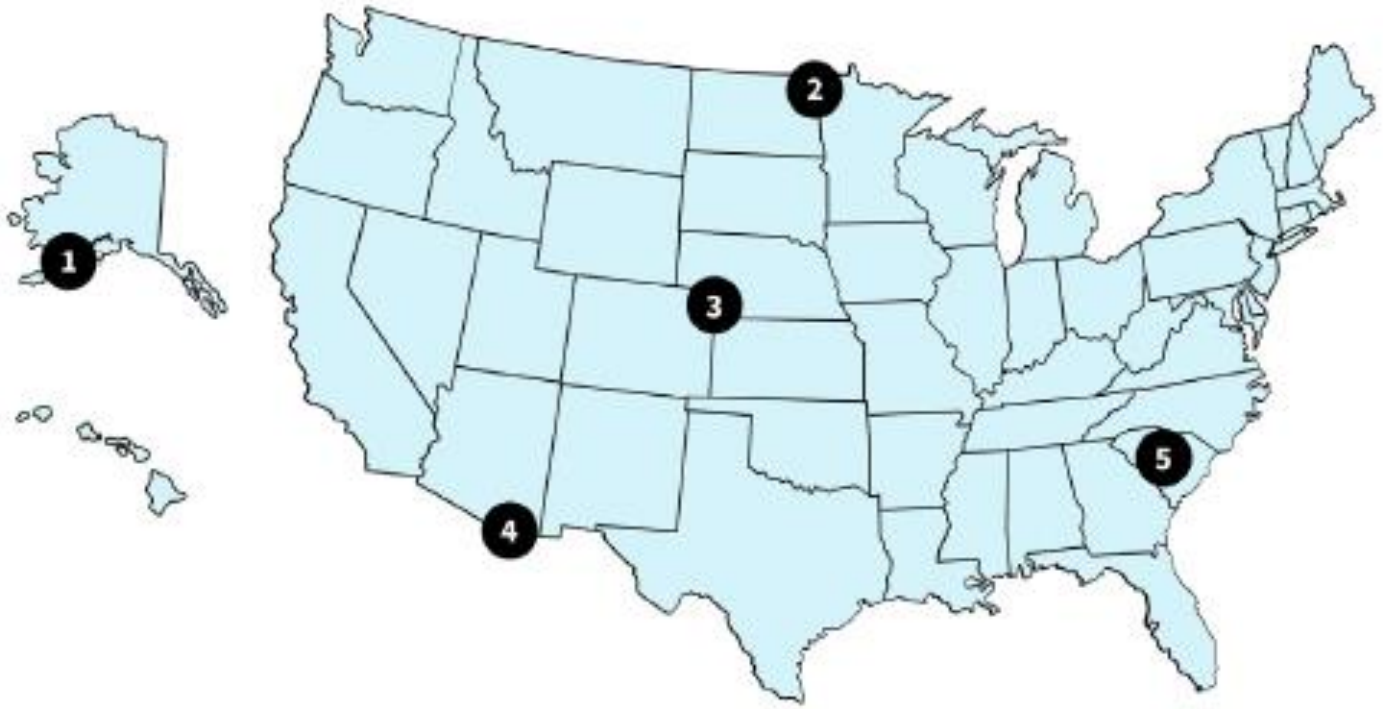
Case Studies

Case Studies: 5 Exemplary Practice Sites

- **Type:** FQHC (2), health system, critical access hospital, non-profit
- **Setting:** rural (3), remote, rural/urban



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Organization	Location	Urban/Rural Classification	Type	Strategies Highlighted
Bristol Bay Area Health Corporation	Dillingham, Alaska	Remote	FQHC	• Client reminders • Patient navigation • Optimizing EHR data • Tailoring communications • Primary care clinician colonoscopists
Unity Medical Center	Grafton, North Dakota	Rural	Health System	• Client reminders • Provider assessment and feedback • Optimizing EHR data • Using data to tailor interventions • Primary care clinician colonoscopists
Melissa Memorial Hospital	Holyoke, Colorado	Rural	Critical Access Hospital	• Patient navigation • Transportation support • Optimizing EHR data • Tailoring communications
Mariposa Community Health Center	Nogales, Arizona	Rural	FQHC	• Client reminders • Engaging CHWs • Transportation support • Tailoring communications • Working with innovative part
Colorectal Cancer Prevention Network at the University of South Carolina	Columbia, South Carolina	Rural and Urban	Nonprofit	• Patient navigation • Transportation support • Tailoring communications • Working with innovative partners

Community Preventive Services Task Force-recommended strategies

Promising Strategies

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Mariposa Community Health Center - Southern Arizona

About the Organization:

- **Setting:** Rural
- **Organization Type:** FQHC
- **EHR:** NextGen
- **Population Served:** 48,000+ people across 1,238 sq. miles
- **Active Patients:** 26,331
- **Patients at or below 200% FPL:** 85%
- **Patients uninsured:** 16%
- **Patients best served in a language other than English:** 46%

Background:

- Mariposa provides medical, dental, behavioral health, laboratory, and pharmacy services to Santa Cruz County residents near the US-Mexico border in southern Arizona.
- Patients face geographic and structural barriers that limit access to care.
- For many patients, lack of knowledge about and attitudes toward CRC screening makes patients more hesitant to screen.

Evidence-based Interventions & Promising Practices

- **Community Preventive Services Taskforce Recommended Interventions:**
  - Client reminders
  - Engaging CHWs
  - Transportation support
- **Promising Practices:**
  - Tailoring communication
  - Working with innovative partners

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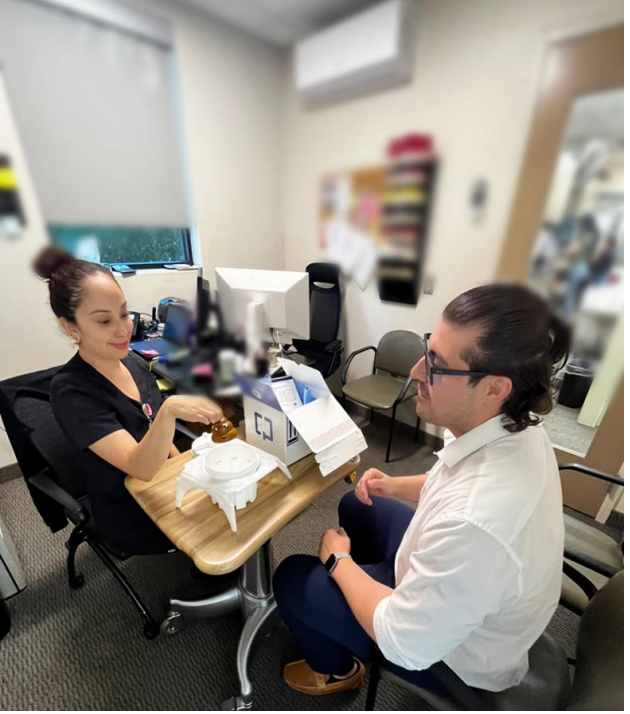
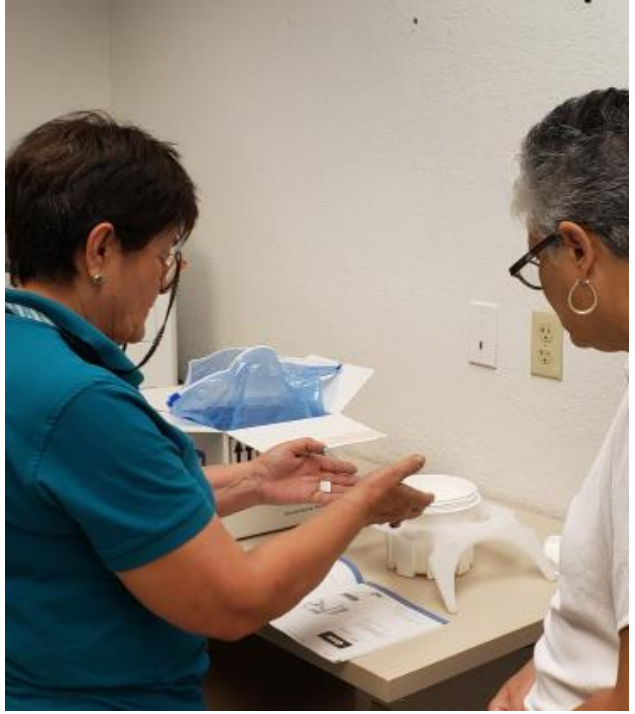




Are you under 45 years old? Yes ☐ No ☐

Personal History

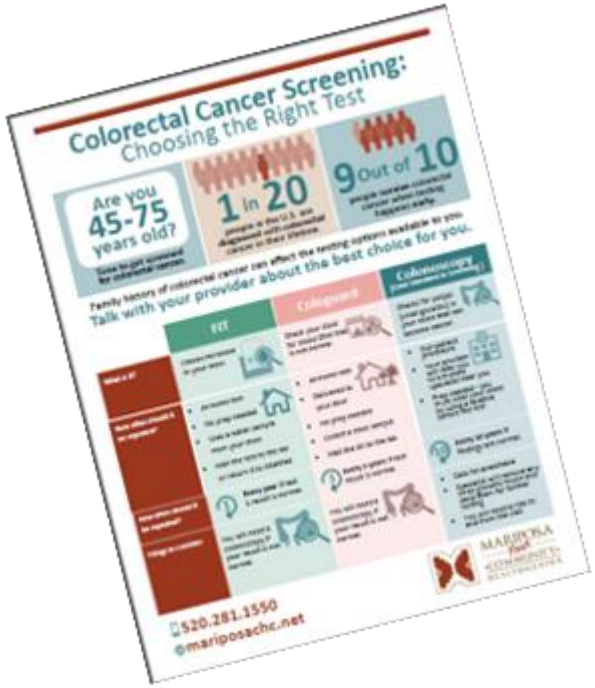
Do you have a history of colon cancer?	Yes ☐	No ☐
Other active or history of cancers: breast, ovarian, or other genetic cancer syndromes?	Yes ☐	No ☐
Do you have inflammatory bowel disease, ulcerative colitis, or Crohn's disease?	Yes ☐	No ☐
Have you experienced blood in your stool?	Yes ☐	No ☐
Any unexplained weight loss?	Yes ☐	No ☐
Abdominal pain that won't go away?	Yes ☐	No ☐

Family History

Do you have family members (parents or siblings) with colon cancer?	Yes ☐	No ☐
Do you have family members with colon polyps?	Yes ☐	No ☐

FIT Kit/cologuard or Colonoscopy Referral (Check one)

Refer for colonoscopy ☐ Fit kit/cologuard ☐ Patient preference: ☐
Fit kit/cologuard ☐



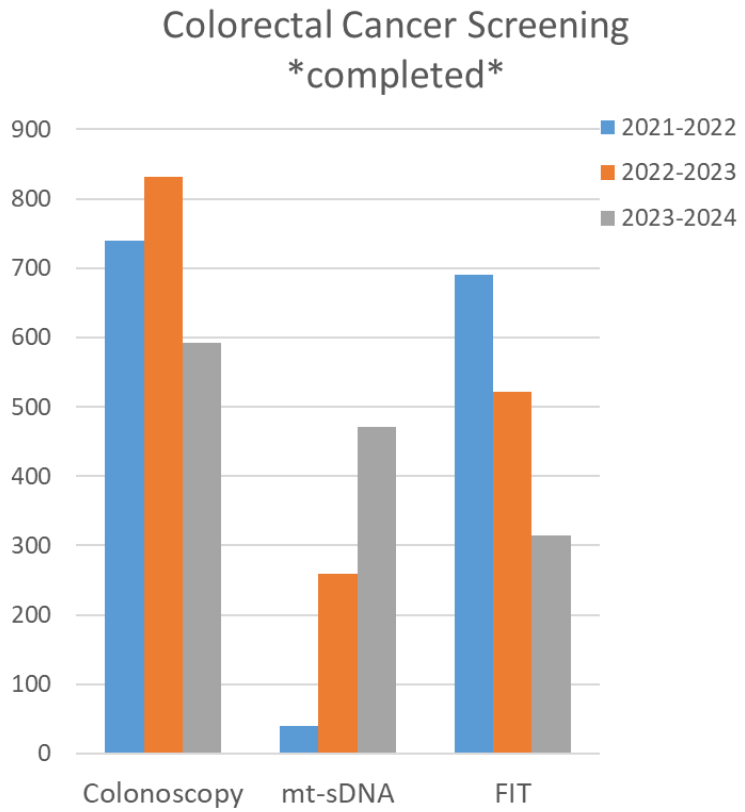
Evidence-Based Interventions & Promising Practices

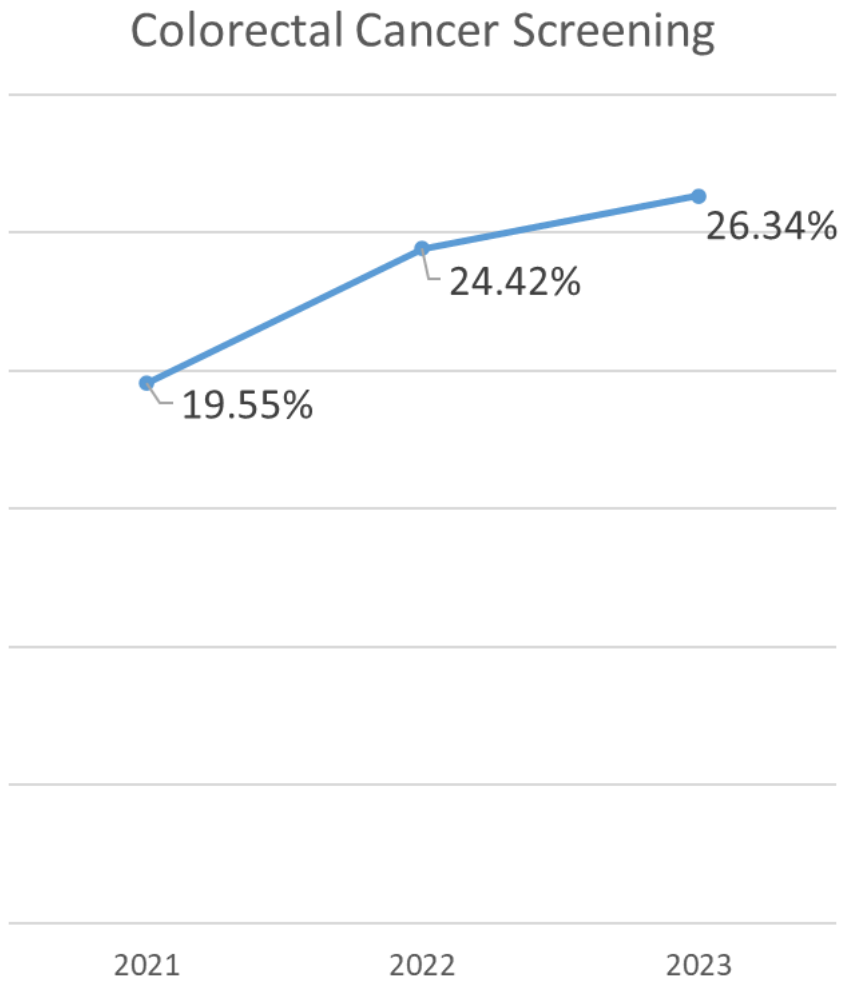
- Collaboration of Clinical Pharmacy and Community Health Workers to improve colorectal cancer screenings:
  - Screen patients 45 years old and up (screening form)
  - FIT kit, Cologuard, referral for colonoscopy (shared decision-making tool)
  - CHW follow-up with patients, education and health fairs

Progress to Date

Screening rate increased

From 20% in 2022 to 26% in 2024





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Lessons Learned & Best Practice Tips

- The shared decision-making tool was a good instrument to have in the exam room to begin the conversation with the patient
- Ensuring follow-up with the patient by a CHW (phone calls, home visit, office visit)
- Cultural norms, language, education levels-know the community
- CHW, CHW, CHW!!

Next Steps

- CRC Screening – FQHC Quality Measures
- Continue integrated team approach
- Empower auxiliary staff
- Patient outreach and education and community awareness
- Work with product representatives

Bristol Bay Area Health Corporation - Southwestern AK

About the Organization:

- **Setting:** Remote
- **Organization Type:** FQHC
- **EHR:** Cerner
- **Population Served:** 22 clinic locations in Bristol Bay region
- **Active Patients:** 4,302
- **Patients at or below 200% FPL:** 62%
- **Patients uninsured:** 18%

Background:

- BBAHC and the approx. 6,000 primarily Alaska Native residents they serve face unique challenges due to their remote location in southwestern Alaska.
- With Alaska Native people having the highest CRC incidence and mortality in the world, CRC screening is a priority for BBAHC.

Evidence-based Interventions & Promising Practices

- **Community Preventive Services Taskforce Recommended Interventions:**
  - Client reminders
  - Patient navigation
- **Promising Practices:**
  - Optimizing EHR data
  - Tailoring communication
  - Primary care clinician colonoscopists

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Evidence-Based Interventions & Promising Practices

Simplified CRC Screening for Remote Communities

- Implemented "Colonoscopy Prep Care Packages"
- Specifically for patients who travel long distances from villages.
- Received a SCOPY award in 2023 from the American College of Gastroenterology for "Best Coordinated Community Awareness Campaign and Health Intervention"

Colonoscopy Prep Care Package contents are put into a dry bag for easy traveling.

Primary Care Clinicians Perform Colonoscopies

- 2 Family Practice Physicians trained to do approx. 200 scopes/year.

Tailored Community Outreach Messaging

- Culturally Appropriate Educational Materials and Reminders
- Colonoscopy prep education video in English and Native Yupik language.
- Easy to understand prep instructions
- Nolan the Colon in the local parade with costumes
- Coffee cup sleeves

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? got POLYPS?

How to Follow a Clear Liquid Diet

Foods OKAY to eat on Clear Liquid Diet

OK to Eat:
- Water, sparkling water, clear flavored water
- Tea with sugar or honey
- Chicken, beef, or vegetable broth (no pieces of meat, eggs, or noodles in broth)
- Jell-O or popsicles (NO RED)
- White mints or hard candy (NO RED, BLUE, PURPLE)
- Clear fruit juices without pulp (apple or white grape is good)
- 7-up, Sprite, Gatorade, Crystal Light, ginger-ale, or lemonade (NO RED, NO DARK COLAS)

YES

Clear, nonfat broths (No egg, meat or noodles.)

Water & clear nutritional drinks

Pulp-free popsicles

Tea – No milk or nondairy creamer

Strained, pulp-free fruit & vegetable juices

Light colored sodas & sports drinks

White mints & hard candies

Gelatin

1 Day Before Your Colonoscopy

24 HOURS

1. Start a clear liquid diet @ 8:00am. Please do not eat any solid food on this day.

DO NOT eat on Clear Liquid Diet

DO NOT Eat:
- No okstaq
- No nuts or seeds
- No alcohol or coffee
- No ice cream or smoothies
- No milk or cream
- No breads, meats, eggs, or dairy
- No soy milk, almond milk, or rice milk
- No juices or sports drinks that are red/orange or have pulp such as orange, grapefruit, or tomato.

NO

Bread

Nuts or seeds

Fruit

Ice cream

Dairy products

Milk

Meat

Alcohol

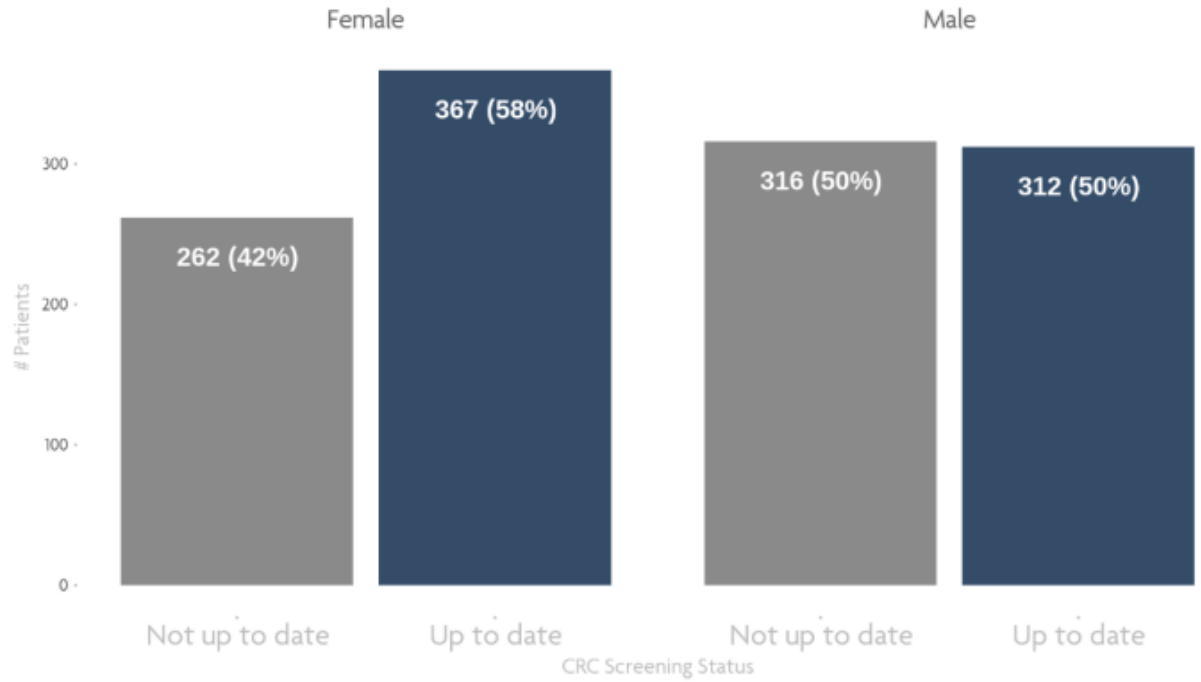
Eggs

Progress to Date

May 2022- 26.4% → **June 2025**- 54%

CRC screening status of adults aged 45-75 years, by sex.

Data source: Alaska Native Tribal Health Consortium (ANTHC) data analytics, Cerner, January 1, 2024- December 31, 2024.
Prepared by: ANTHC Data Analytics and the Alaska Native Epidemiology Center Colorectal Cancer Control Program.



27.6% increase in 3 years

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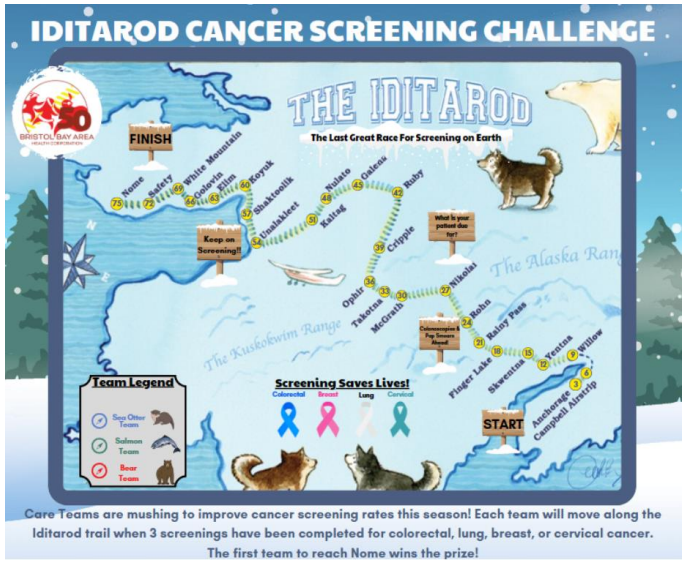
Lessons Learned & Best Practice Tips

- Utilize Patient Navigators to connect with patients, provide outreach and education, reminders.
- Tailor educational materials to meet the specific needs of your community (culturally appropriate and easy to understand).
- Implement CDC recommended Evidence-Based Interventions (EBIs) in your practice:
  - Patient reminders
  - Provider reminders
  - Reducing structural barriers
  - Provider assessment and feedback

Next Steps

- Text appointment reminders and links to prep instructions
- Iditarod Cancer Screening Challenge (winter)
- Create a salmon-themed screening challenge (summer)
- Start tracking colonoscopy quality measures
  - Adenoma detection rate
  - Cecal intubation rate
  - Withdrawal time
  - Bowel prep quality



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Q&A

Learn More & Get Engaged!

- Follow us on social media
  - linkedin.com/company/nccrt/
  - @NCCRTnews (X)
- Sign up for the newsletter
- Register for upcoming events
- Apply for ACS NCCRT membership
- Visit: nccrt.org/get-involved

Questions? Contact nccrt@cancer.org

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Thank You!

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