



## ACS/NCCRT Products, Initiatives and Resources 2015 Community Health Center Portfolio

### Goal:

**80% by 2018** is a shared goal in which hundreds of organizations have committed to substantially reducing colorectal cancer (CRC) as a major public health problem and are working toward the shared goal of reaching 80% screened for colorectal cancer by 2018. Over 400 organizations have signed the 80% by 2018 pledge and are working toward this goal. <http://nccrt.org/tools/80-percent-by-2018/>

### Partners:

Multiple groups, including the American Cancer Society (ACS), the Centers for Disease Control and Prevention (CDC) and the National Association of Community Health Centers (NACHC), have committed to work together to increase the nation's CRC screening rates and embrace the goal of reaching 80% screened for CRC by 2018. Organizations embracing the goal include medical professional societies, state primary care associations, non-profits, health plans, government, community health centers and state health departments.

### Structure:

**NCCRT Community Health Center Task Group**, Co-Chaired by Dr. Durado Brooks of ACS and Dr. James Hotz of NACHC, is a go-to working body of the NCCRT charged with identifying and acting on opportunities to advance efforts to increase colorectal screening delivery within the community health center setting.

**CRC Speakers Bureau.** The CRC Speakers Bureau is a joint project of the ACS, NCCRT and NACHC. The Bureau is composed of trained clinicians across the U.S. who are available to speak on CRC screening science and practice improvement to medical and lay audiences. To request a speaker from the CRC Speakers Bureau contact us at <http://nccrt.org/about/provider-education/crc-speakers-bureau/>

**ACS Health Systems Staff.** The American Cancer Society has a new staffing structure of cancer control experts specifically assigned to support community health centers and other key health systems in their cancer control efforts. Health systems staff can serve as a resource for CHCs in implementing such proven interventions as Flu-FIT programs and reminders.

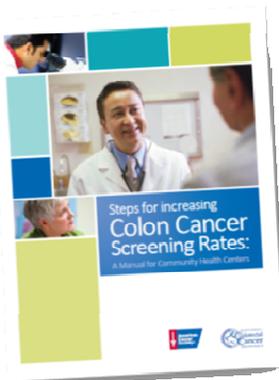


## Resources:

**Strategies for Expanding Colorectal Cancer Screening at Community Health Centers.** In 2012, the NCCRT collaborated with health leaders from federal agencies and CHCs to develop a strategy paper on addressing gaps in screening for colorectal cancer: <http://onlinelibrary.wiley.com/doi/10.3322/caac.21191/pdf>

- Sarfaty, M., Doroshenk, M., Hotz, J., Brooks, D., Hayashi, S., Davis, T. C., Joseph, D., Stevens, D., Weaver, D. L., Potter, M. B. and Wender, R. (2013), Strategies for expanding colorectal cancer screening at community health centers. CA: A Cancer Journal for Clinicians. doi: 10.1002/caac.21191

**Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers.** This manual provides step by step instructions to help CHCs implement processes that will reduce physician workload and increase CRC screening. Topics, such as conducting baseline screening rates, assessing capacity and preparing your team are covered. The goal is to offer practical advice for implementing expert-endorsed recommendations. To access this new resource, click here: [http://nccrt.org/wp-content/uploads/0305.60-Colorectal-Cancer-Manual\\_FULFILL.pdf](http://nccrt.org/wp-content/uploads/0305.60-Colorectal-Cancer-Manual_FULFILL.pdf)



**FOBT clinicians reference resource.** This 2-page resource is designed to introduce (or reintroduce) clinicians to the value of stool blood testing. It explains stool blood testing in general, makes clinicians aware of the differences between a guaiac-FOBT and an FIT, explains why new, high-sensitivity FOBTs are superior and outlines some of the elements that need to go into a quality stool blood testing screening program. Visit this link to download a copy:

<http://nccrt.org/about/provider-education/fobt-clinicians-reference-resources/>

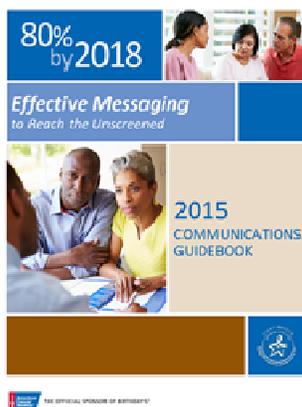


**Report on Use of Electronic Medical Records to Facilitate Colorectal Cancer Screening in Community Health Centers.** The NCCRT joined with the ACS and NACHC to issue a new report entitled, “Use of Electronic Medical Records to Facilitate Colorectal Cancer Screening in Community Health Centers.” This report provides important recommendations about the barriers, opportunities, and next steps needed to enhance effective use of EMRs in community health centers in the delivery of CRC screening. Visit: <http://ncrt.org/about/provider-education/electronic-medical/>



**2015 Communications Guidebook: Effective Messaging to Reach the Unscreened.**

This Guidebook is based on new market research from the American Cancer Society with guidance from the National Colorectal Cancer Roundtable Public Awareness Task Group. The Communications Guidebook is designed to help educate, empower and mobilize three key audiences who are not getting screened for colorectal cancer: 1) the newly insured, the insured, procrastinator/rationalizer and 3). the financially challenged. The goal of this guidebook is to share what we know about reaching these hard-to-persuade groups using new tested messages. <http://ncrt.org/wp-content/uploads/CRC-Communications-Guidebook-final-v4-02232015.pdf>





## Funding Opportunities:

**CHANGE grants.** Corporate funders of the American Cancer Society have contributed resources to fund the Community Health Advocates implementing Nationwide Grants for Empowerment and Equity (CHANGE) program. Since 2011, the Society has awarded and sustained nearly 300 grants to community based partners to implement evidence based interventions that provide culturally and linguistically appropriate outreach and education to empower and mobilize the community to access screening resources; and ensure access to cancer screening resources and follow-up care.

**Links of Care Pilot Project.** In 2014, the NCCRT awarded special CHANGE grants to three community health centers across the country for the purpose of demonstrating the viability of an effort to improve links of care between community health centers and specialty care in the delivery of CRC screening. The grants were awarded in the summer of 2014 to health centers and partners in Low Country, SC, New Haven, CT and St. Paul, MN. The grants will provide support for 18 months and include funding for a community assessment, a stakeholders meeting and technical assistance in each location.

