



80% in Every Community Talking Points

What is 80% in Every Community?

- *80% in Every Community* is a National Colorectal Cancer Roundtable (NCCRT) campaign to substantially reduce colorectal cancer as a major public health problem.
- Over the past five years, more than 1,700 organizations have committed to the shared goal of increasing colorectal screening rates to 80% for adults aged 50 and older.¹
- With 80% in Every Community, we intend to continue this work until we see every community benefitting from increased colorectal screening rates.
- This initiative emphasizes evidence-based colorectal cancer screening activities that respond to individualized needs, barriers, and motivations within a community.
- The 80% in Every Community initiative is led by the American Cancer Society (ACS), the Centers for Disease Control and Prevention (CDC), and the NCCRT (an organization co-founded by the ACS and CDC).

Six Key Facts: Introduction to 80% in Every Community

1. Colorectal cancer is the second-leading cause of cancer death in the US when men and women are combined, yet it can often be detected early or prevented through screening.
2. About 1 in 3 adults ages 50 and older – about 38 million people – are still not getting screened as recommended.²
3. The collective action and collaborative efforts of the NCCRT's 80% by 2018 national screening campaign achieved tremendous success, and between 2012 and 2016, 5.1 million additional US adults (50 to 75) have been screened.³
4. **But we know not everyone is benefiting equally.** There are still many communities with lower colorectal cancer screening rates – rural communities, certain racial and ethnic communities, low income communities, among others.
5. 80% in Every Community activates NCCRT members and pledged partners around the country to coordinate efforts that will bring down barriers (financial, operational, policy, etc.) and increase national, local, and organizational screening rates.
6. **Everyone deserves to live a life free from colorectal cancer.**



Why is colorectal cancer a major public health problem?

- Colorectal cancer is the second-leading cause of cancer death in the US among men and women combined and an estimated 145,000 adults are diagnosed with colorectal cancer each year.⁴
- **Colorectal cancer screening can save lives, but only if people get tested.**
- Screening can prevent colorectal cancer through the detection and removal of precancerous growths as well as detect cancer at an early stage, when treatment is usually less extensive and more successful.
- In the U.S., people less likely to get tested include those who are Hispanic, American Indian or Native Alaskan, Asian or Pacific Islander, men, or are 50-64 years of age. Those who live in rural areas, are lower income, or with less education also get screened at lower rates.
- Even if someone feels just fine, following screening recommendations is important.
 - Early stages of colorectal cancer don't usually cause symptoms, so proactive screening is one of the only ways to detect these types of cancers.
 - Most colorectal cancers occur in people with no family history.
 - Colorectal cancer risk is higher if someone has a close relative who has had the disease.
- While some organizations, such as the American Cancer Society, suggest screening begin at age 45,⁵ all major guidelines recommend screening for average risk individuals start no later than age 50 and continue through at least age 75.⁶



There are several tests to screen for colorectal cancer.

- Approved tests include: colonoscopy, stool tests like guaiac fecal occult blood test [FOBT], fecal immunochemical test [FIT], stool DNA, CT colonoscopy (sometimes called a virtual colonoscopy), and sigmoidoscopy.
- **The best test is the test that gets done.**
- Most health insurance plans, including Medicare, cover most of these screening tests. Talk with your provider about which screening tests might be right for you.

Working Toward 80%: Progress to Date

- Since the launch of 80% by 2018, more than 1,700 organizations have committed to work toward the shared goal of 80% of adults aged 50 and older being regularly screened for colorectal cancer.
- While 2018 data are not yet available, the percentage of the population up-to-date with recommended colorectal cancer screening increased significantly during the first few years of the campaign, representing more than 5 million additional adults aged 50 to 75 screened.
- As of 2018, 300+ organizations and sites achieved 80% or higher screening rates.⁷
- Screening rates in community health centers climbed from 34.5% at the start of the campaign in 2014 to 42% in 2017.⁸
- Screening rates in Medicare plans increased steadily from 65% to 70% between 2014 and 2017.⁹



Our Path Forward: Achieving 80% in Every Community

- We learned many lessons during the 80% by 2018 campaign. The most important is that a commitment to partnership, collective action, and the pooling of resources has the potential to save many lives.
- Our shared efforts are working, community health clinics, health plans, employers, counties, and others are achieving 80% screening rates and higher.
- **But we know not everyone is benefiting equally.**
 - There are still many communities with lower colorectal cancer screening rates – rural communities, certain racial and ethnic communities, and low income communities.
 - Screening rates are much lower for younger individuals – with less than half of people age 50-54 having been screened.
- We share a commitment to eliminating disparities in access to care. NCCRT organizations are working toward a common goal to empower communities, patients, health care providers, community health centers, and health systems to close the screening gap.
- 80% in Every Community aims to unite partners to eliminate barriers to screening, because **everyone deserves to live a life free from colorectal cancer.**

What is an 80% Community?

- The “community” in 80% in Every Community is intended to be flexible and inclusive.
- Communities can be locations, such as a city, county, or state; a racial and ethnic community, a patient population served by a health care system, a workforce; or another variation of “community” specific to your needs and priorities.
- Communities are the collective efforts of those stakeholders working together in new ways to increase colorectal cancer screening.
- Addressing the burden of colorectal cancer is most effective as coordinated and collaborative action from multiple actors within the community.



Join 80% in Every Community

- With 80% in Every Community, we will continue this work until we see every community benefitting from increased screening rates.
 - **Take the pledge.** Join the 1,700+ organizations committed to working toward our shared goal to reach an 80% screening rate nationwide by increasing the number of people screened for colorectal cancer in their communities.
 - **Spread the word.** Many patients and providers either don't know or consider all the options for colorectal screening. Your voice can help connect them to a testing option that is right for them.
 - **Join the conversation:** Keep us informed of your community's success and conversations by using #80inEveryCommunity on social media.

What is the National Colorectal Cancer Roundtable (NCCRT)?

The NCCRT is a national coalition of public organizations, private organizations, voluntary organizations, and invited individuals. It was established in 1997 by the American Cancer Society (ACS) and the Centers for Disease Control and Prevention (CDC).

- **Mission:** Reduce the incidence of and mortality from colorectal cancer in the U.S., through coordinated leadership, strategic planning, and advocacy.
- **Goal:** Increase the use of proven colorectal cancer screening tests among the entire population for whom screening is appropriate
- **Core Principles:** Collective action among the member organizations will be more successful in reducing the burden of disease, and reducing that burden faster, than if we worked alone. The NCCRT will not duplicate or take on roles of member organizations, but rather fulfill those roles that would otherwise go undone.

Learn more: www.nccrt.org



¹ See, NCCRT Map of Pledges: <http://nccrt.org/national-map-of-pledges/>

² CDC. National Health Interview Survey, 2015. Public use data file.
https://www.cdc.gov/nchs/nhis/nhis_2015_data_release.htm

³ Joseph DA, King JB, Richards TB, Thomas CC, Richardson LC. Use of Colorectal Cancer Screening Tests by State. *Prev Chronic Dis* 2018;15:170535. DOI: <http://dx.doi.org/10.5888/pcd15.170535>

⁴ Cancer Facts & Figures. American Cancer Society. 2019. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2019/cancer-facts-and-figures-2019.pdf>

⁵ See, <https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/colorectal-cancer-screening-guidelines.html>

⁶ See, <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening>

⁷ See, <http://nccrt.org/what-we-do/80-percent-by-2018/hall-of-fame/>

⁸ 2017 Health Center Data. Health Resources & Services Administration. 2017.
<https://bphc.hrsa.gov/uds/datacenter.aspx>

⁹ Colorectal Cancer Screening. National Committee for Quality Assurance. <http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/colorectal-cancerents/colorectal-cancer>