

# Lessons Learned: Effective State-Level Colorectal Cancer Roundtables

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# Why Focus on State-Level Coalitions?

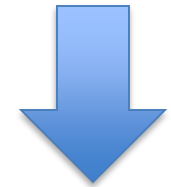
1. The NCCRT and 80% campaign is encouraging
2. National Infrastructure Already Exists
3. State-Level Expertise Ready to Engage and Share
4. Resources are Available
5. Many More Opportunities Ahead

# National Colorectal Cancer Roundtable (NCCRT)

NCCRT is a national coalition of public, private, and voluntary organizations whose mission is to advance colorectal cancer control efforts by improving communication, coordination, and collaboration among health agencies, medical-professional organizations, and the public.

- ◆ Co-Founded by ACS and CDC in 1997
- ◆ Collaborative partnership of over 100 member organizations
- ◆ Includes many nationally known experts, thought leaders, and decision makers on colorectal cancer
- ◆ Work is conducted throughout the year through various Task Groups and Special Topic Meetings
- ◆ Annual Meeting addresses important topics and sets the following year's agenda

Convene



Identify



Collaborate



# 80% by 2018

80% by 2018 is a movement to eliminating colorectal cancer as a major public health problem and are working toward the shared goal of reaching 80% screened for colorectal cancer by 2018.



**491 HOURS REMAINING**

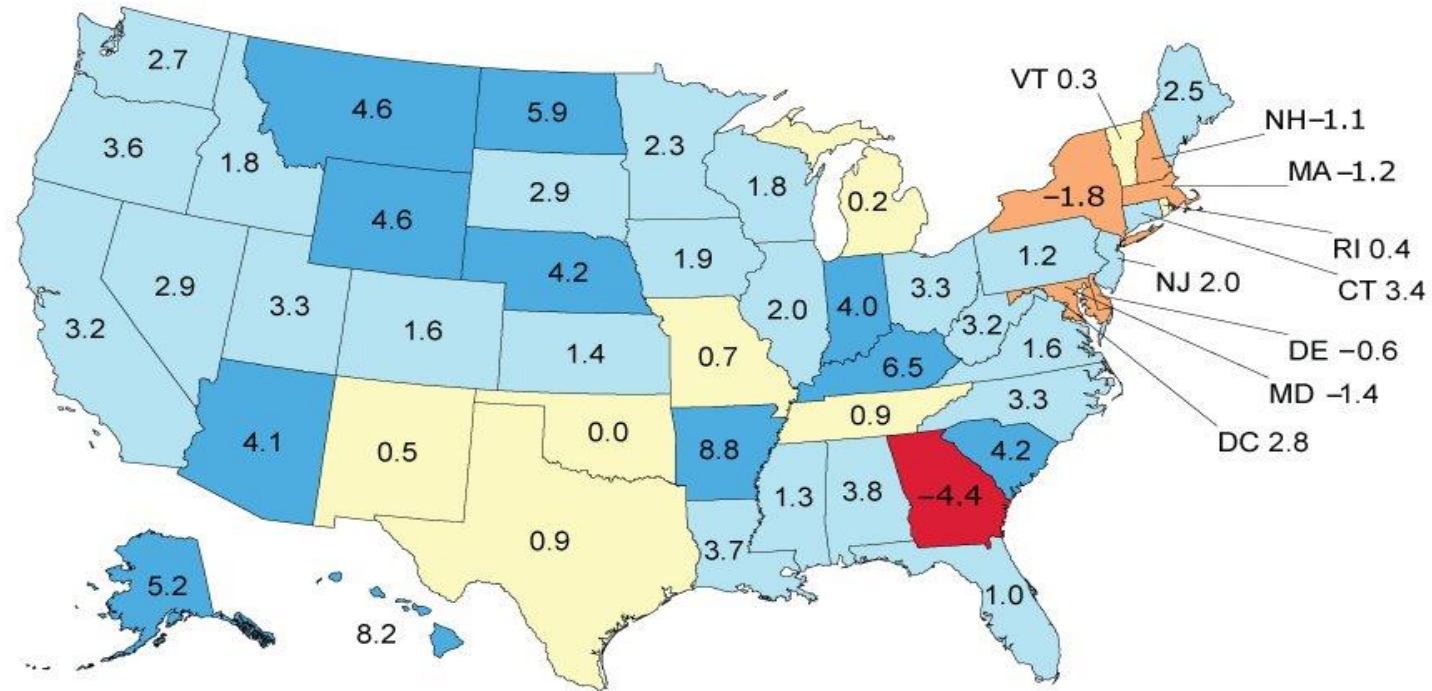
When we launched this campaign,  
we never imagined it would capture the  
attention of the nation like it has.

**Our initial goal was to have 50 organizations pledge..  
As of December 2018, we have nearly 1750...**



# Change in the Use of CRC Screening Tests by State, 2012-2016

B. Change in percentage of respondents aged 50 to 75 who reported being up to date\* with colorectal cancer screening, 2012 through 2016



\*Up to date = fecal occult blood test (FOBT) within 1 year, or sigmoidoscopy within 5 years with FOBT within 3 years, or colonoscopy within 10 years.

Percentage Change



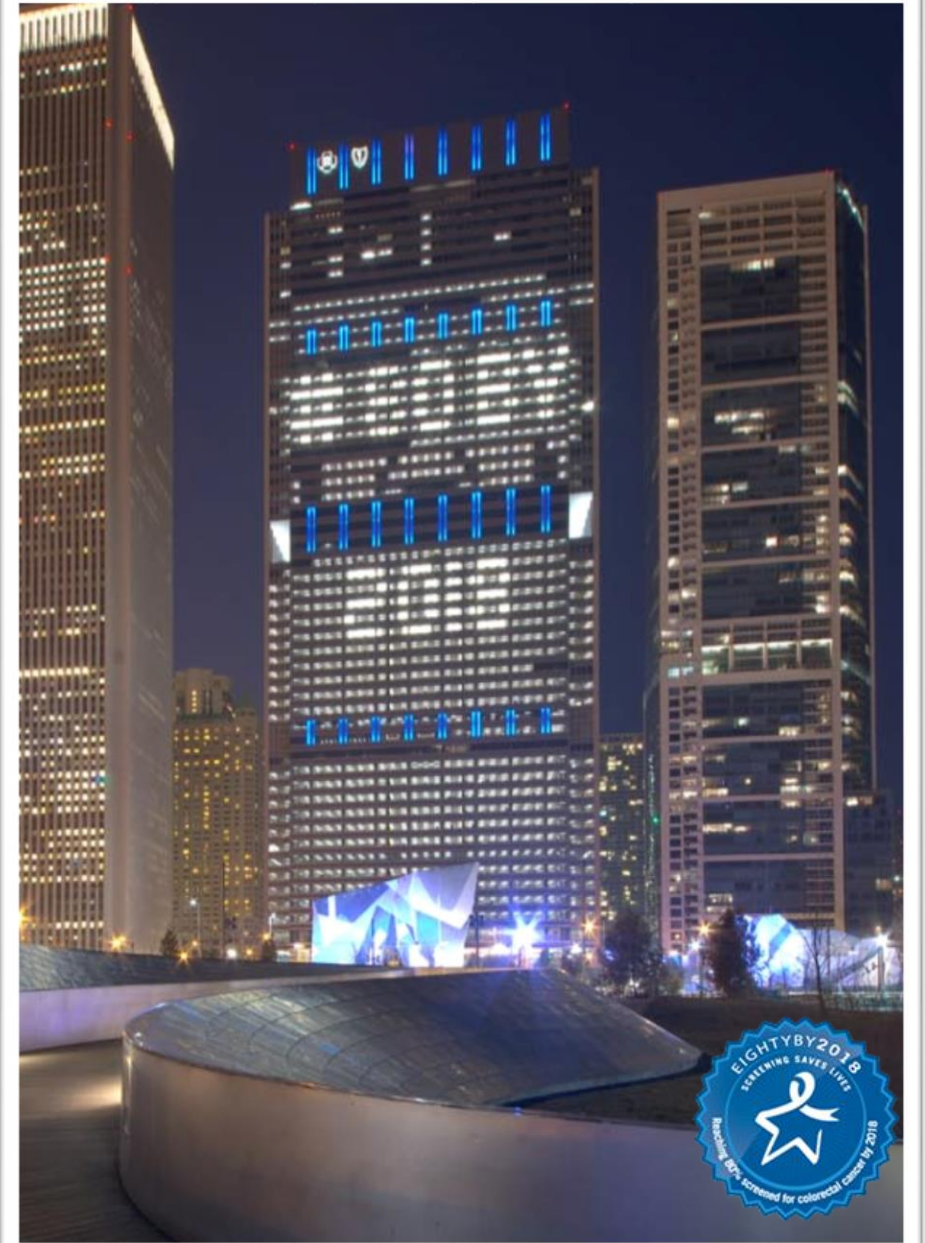
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2012 and 2016



# Lesson Learned

## Energy and Innovation













# Beyond Thankful

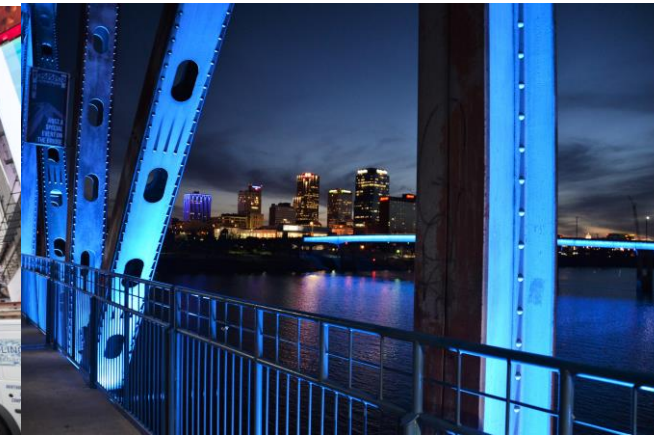
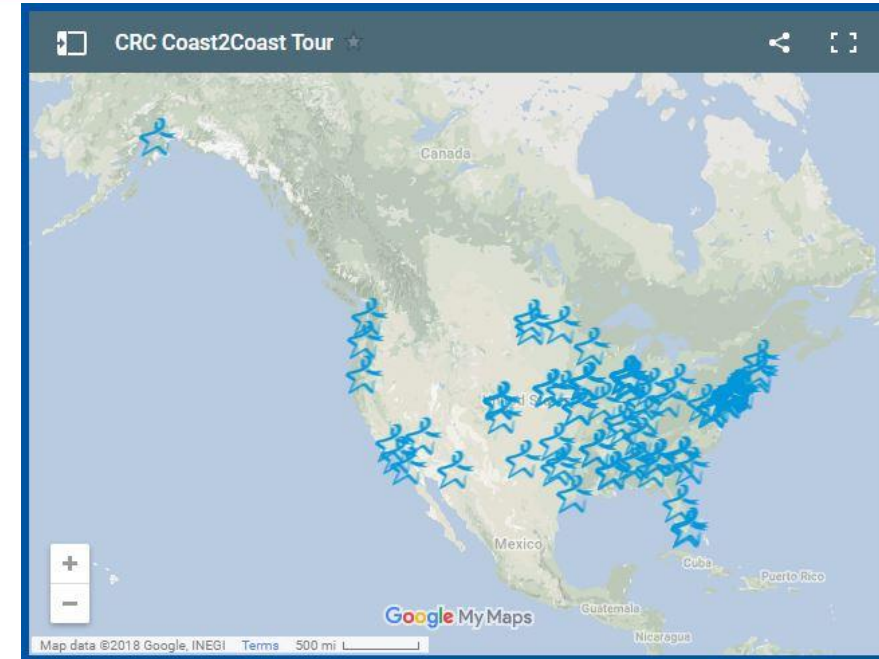
80% by 2018: Our story of audacity, commitment & unity





# March 2018 – Local Engagement

- Wave of engagement from partners around the country hosting 80% by 2018 events
- 97 events throughout March
- Watch parties, state proclamation signings, lobby days, press briefings, radio interviews, state roundtable meetings, shining blue lights on buildings, bridges and skylines, health fairs and more



We're setting our sights on...



#80InEveryCommunity

# Lesson Learned

## Utilize National Infrastructure





# Lesson Learned

## Encourage State-to-State Discussion

# Opportunity for Engagement: Annual Meetings

# Opportunity for Engagement: CRC Forums and TA

- 33 forum teams were gathered between 2015 and 2018
- Each team participated in live workshops as well as year long, sustained technical assistance
- Plan and improve priorities surrounding CRC screening in states and territories
- Developed action plans, strategies for success, some evaluations, and provided bottom-up feedback / group discussion on localized topics of concern (e.g. Working with health plans, coalition development, engaging health systems)
- NCI Director's Merit Award for Outstanding Collaboration -- 2016



### DATA & EVALUATION

- Identify sources of data
- Conduct assessments of coalition and partners
- Construct value argument
- Demographics
- Economic data, i.e. navigation
- Track no-shows / poor prep

## HEALTH SYSTEMS

### PARTNERSHIPS

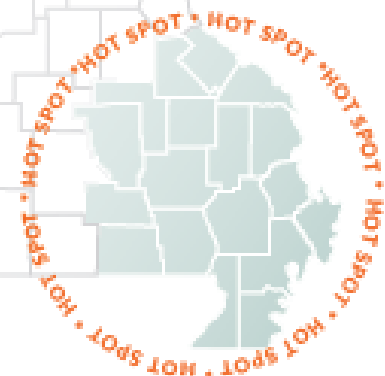
- Identify resources
- Identify needed partners
- Engage partners
  - Insurers
  - Payers
  - FQHCs
  - Hospitals
  - Primary Care Employers
  - Elected Officials
  - Survivors
- Focus on Southeast Missouri
- Identify Champions

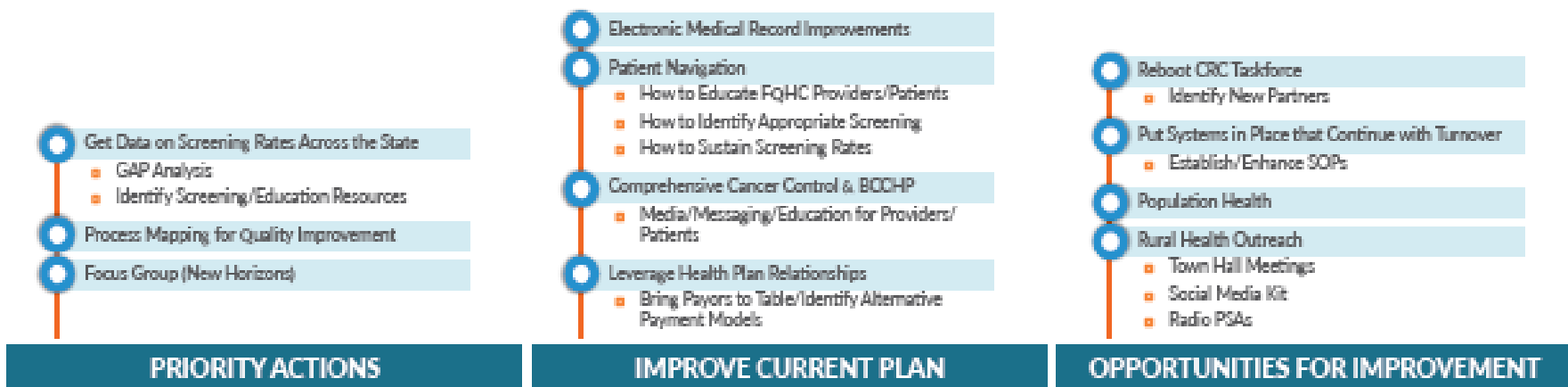
### EDUCATION

- Physicians / providers
  - Health literacy and cultural competency best-practices
  - Screening options (FIT)
  - Practice data / general data
  - Provider screening rates
  - Risk assessment
  - Community demos / disparities
- Non-clinical
  - Initiative awareness
  - Demos / disparities
- Public / Patient
  - Health literacy and cultural competency best-practices
  - Media campaigns: local, Facebook
- 80% by 2018 guidebook
- Local champions & survivors
- Marketing brief
- Localized awareness events

### PATIENT NAVIGATION / FIT INTERVENTION

- Explore aligning existing navigation programs
- Develop economic argument
- Explore closing test - treatment "loop"
- Explore FIT delivery models
- Explore vendors: kits and pathology (lab)





**EDUCATION OF APPROPRIATE SCREENING**

- SCMA to Deliver Through CME
- COC YouTube Series - CME
- Hosting Regional Trainings
- Statewide Medical Provider Education Initiatives

**FEEDBACK/ASSESSMENT**

- Internal Reporting of Screening Rates
- Assess/Identify Other Data Sources
- Additional Comparative Data Resources

**PROVIDER FOCUS**

**PARTNERSHIP FOCUS**

**BUILDING MEDICAL NEIGHBORHOOD**

- Identify Partners
- Physician Champions
- Resources Available to FQHC

**REDUCE SYSTEM STRUCTURAL BARRIERS**

- Enhance Referral Network to Reduce Follow-up Times

# Lesson Learned

## Coalition Work Needs a Roadmap

# More and More States Start CRC Coalitions

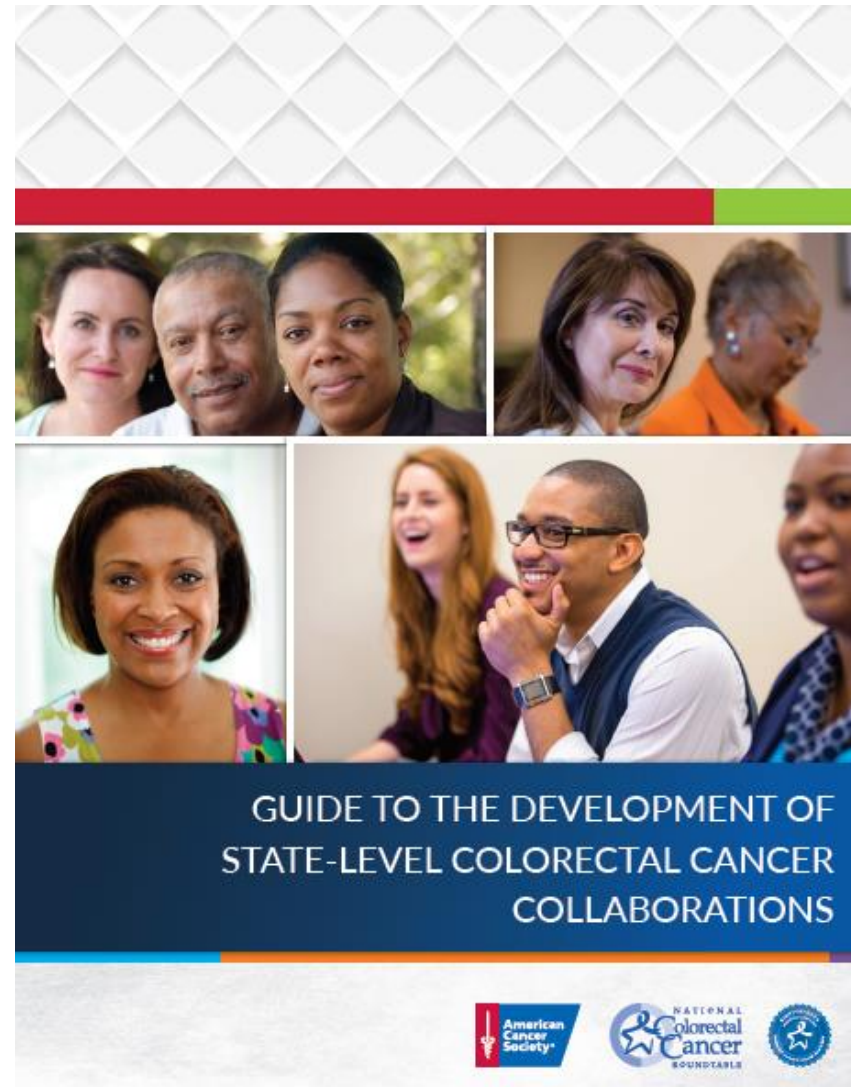
## New coalitions want to know:

- What can we learn from strong existing coalition?
- What are the best practices?
- What are the lessons learned?
- How can we sustain our efforts?



# Guide on Development of State-Level CRC Coalitions

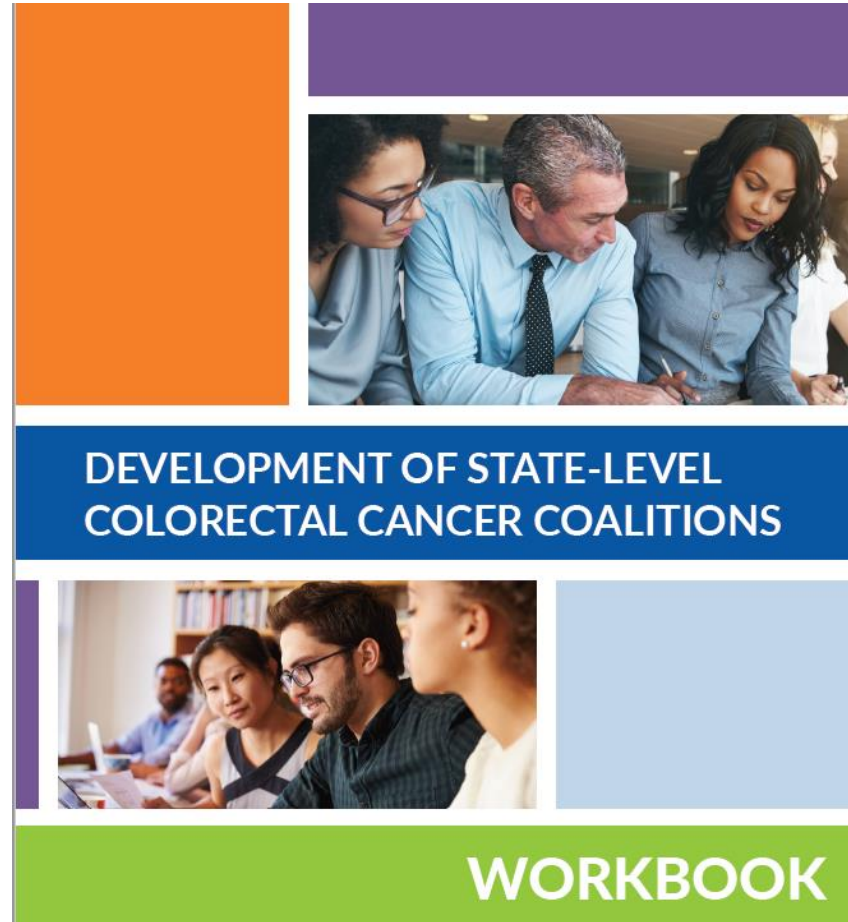
Featuring the experiences of model programs in California, Delaware, Kentucky, Minnesota and South Carolina





# And Companion Workbook!

Featuring summary pages with brainstorming and action planning activities



## TASK 1 Prioritize Colorectal Cancer in Your State

### HOW THEY CHOSE COLORECTAL CANCER

The Minnesota Cancer Alliance had 23 different objectives that they were working on simultaneously. However, they recognized that in order to make progress, they needed to focus on only a few.

After going through a disciplined evaluation process of all their objectives, colorectal cancer emerged as a top-three priority area and a subcommittee was established to focus on it.

The subcommittee brought together organizations across the state whose work aligned with this objective.



Addressing colorectal cancer (CRC) is a national priority. As the second leading cause of cancer death in the U.S. when men and women are combined and with more than 135,000 adults diagnosed each year, colorectal cancer is a source of considerable suffering. State-based partners are challenged with limited time and resources and must balance and prioritize the public health issues facing their unique populations.

Leaders from successful colorectal cancer collaborations have often started by clearly demonstrating to their partners and peers that the local toll taken by colorectal cancer justifies an immediate investment of local resources and a commitment to action to fulfill the great potential of screening.

### Steps for prioritizing CRC in your state

#### 1 Use state-specific data to make the case

- [80 by 2018 Impact by State](http://bit.ly/2o4Vldy) (<http://bit.ly/2o4Vldy>)
- [United States Cancer Statistics](http://bit.ly/2EMVYaQ) (<http://bit.ly/2EMVYaQ>)
- [American Cancer Society Statistics Center](http://bit.ly/2Eyqbel) (<http://bit.ly/2Eyqbel>)
- [Multilevel Small-Area Estimation of Colorectal Cancer Screening in the United States](https://bit.ly/2GkLQn0) (<https://bit.ly/2GkLQn0>)
- [Behavioral Risk Factor Surveillance System \(BRFSS\)](http://bit.ly/2BWFesC) (<http://bit.ly/2BWFesC>)
- NCCRT Webinar: "Colorectal Cancer Screening Data Sets: What are they and what do they tell us?" (<http://bit.ly/2HkqBCO>)
- Other state-based resources: State Department of Health, Universities, cancer registries

#### 2 Develop key messages for partner recruitment

- Colorectal cancer is one of the few cancers which can be prevented through screening.
- Even though colorectal cancer can be prevented or caught early, X # of people develop colorectal cancer in [STATE] and Y# of people will die from the disease.
- There are proven strategies local leaders can take to increase colorectal cancer screening and reduce the toll taken by this disease.

#### 3 Align with national efforts

- [Sign the pledge](http://bit.ly/2FavloE) (<http://bit.ly/2FavloE>) – Commit to NCCRT's shared goal to get to 80% colorectal cancer screening rate.
- Engage with your state comprehensive cancer control program and coalition, your local CDC Colorectal Cancer Control program (if applicable), and [utilize resources developed by the Comprehensive Cancer Control National Partnership \(CCCNP\)](#) (<http://www.cccnationalpartners.org/>).
- Connect with your American Cancer Society state systems staff, who have unique skill sets to engage with state systems.
- Attend national conferences focused on cancer control, such as the Prevent Cancer Foundation's *Dialogue for Action™* meeting, the CDC Cancer Conference, or the Southeast Regional Colorectal Cancer Consortium.

#### 4 Review key resources

- [NCCRT Tools and Resources](http://bit.ly/2Ex7QOW) (<http://bit.ly/2Ex7QOW>)
- [The Community Guide \(CDC\)](http://bit.ly/2gz5lva) (<http://bit.ly/2gz5lva>)
- [Research Tested Intervention Programs \(NCI\)](http://bit.ly/2ELMRqM) (<http://bit.ly/2ELMRqM>)
- [Colon MD \(ACS\)](http://bit.ly/2ocOZxn) (<http://bit.ly/2ocOZxn>)
- [Cancer Control Planet \(NCI\)](http://bit.ly/2F6LfFL) (<http://bit.ly/2F6LfFL>)



### MAKING THE CASE IN KENTUCKY

Whenever possible, pioneering state collaborations use local or state costs and data to make the case, rather than national figures.

For example, the Kentucky Cancer Consortium includes the following detailed impact data in their coalition plan, describing the costs to Kentucky's Medicaid program:

- Each year between 2004-2008, cancer treatments in Kentucky cost Medicaid \$132 million, private insurance companies \$836 million and Medicare \$718 million.
- In 2010, cancer care in Kentucky cost approximately \$2.2 billion. In 2020, it is estimated to increase by 69%, which would be approximately \$3.8 billion.
- The typical new cancer drug coming on the market in 2010 cost approximately \$10,000/month of treatment. Two of the new cancer drugs cost more than \$35,000 per month of treatment.

*"If we're really going to make an impact, let's focus."*

- Kentucky Cancer Consortium

# TASK 1

## Worksheets

### Identify Existing Activities

Activity	Resource	Completed
Has your organization signed the NCCRT's pledge to reach an 80% screening rate?	<a href="http://nccrt.org/80-2018-pledge">http://nccrt.org/80-2018-pledge</a>	<input type="checkbox"/>
Have you identified the other organizations in your state that have signed the pledge?	<a href="http://nccrt.org/national-map-of-pledges">http://nccrt.org/national-map-of-pledges</a>	<input type="checkbox"/>
Which other organizations need to sign the pledge?		<input type="checkbox"/>
Are you coordinating with your state's CDC-funded comprehensive cancer control program or coalition?	<a href="https://www.cdc.gov/cancer/ncccp/index.htm">https://www.cdc.gov/cancer/ncccp/index.htm</a>	<input type="checkbox"/>
Are you familiar with the Comprehensive Cancer Control National Partnership?	<a href="http://www.ccnationalpartners.org/increase-colorectal-cancer-screening-80-2018">http://www.ccnationalpartners.org/increase-colorectal-cancer-screening-80-2018</a>	<input type="checkbox"/>
Does your state have funding from CDC for colorectal cancer control programming?		<input type="checkbox"/>
Are you working with your ACS state systems staff?		<input type="checkbox"/>
What national conferences focused on colorectal cancer control do you regularly attend?		<input type="checkbox"/>

### Identify Available Data

Activity	Resource	Completed
What are the CRC incidence and mortality rates for your state?	ACS Facts and Figures ( <a href="http://bit.ly/2m98GgF">http://bit.ly/2m98GgF</a> ) State Cancer Registry ( <a href="http://bit.ly/2o4CFA1">http://bit.ly/2o4CFA1</a> )	<input type="checkbox"/>
What is the CRC screening rate for your state?	ACS Facts and Figures ( <a href="http://bit.ly/2m98GgF">http://bit.ly/2m98GgF</a> ) BRFSS ( <a href="http://bit.ly/2BWFesC">http://bit.ly/2BWFesC</a> )	<input type="checkbox"/>
How does your state rank/compare nationally?		<input type="checkbox"/>
How many lives could be saved by an 80% screening rate in your state?	<a href="http://bit.ly/2o4Vldy">Impact on Lives Saved (http://bit.ly/2o4Vldy)</a>	<input type="checkbox"/>
What is the cost of colorectal cancer in your state?	ACS-CAN The Costs of Cancer ( <a href="http://bit.ly/2puMSUE">http://bit.ly/2puMSUE</a> ) An Unhealthy America: The Economic Burden of Chronic Disease ( <a href="http://bit.ly/2FaUk0u">http://bit.ly/2FaUk0u</a> )	<input type="checkbox"/>

### Create three key messages to help prioritize colorectal cancer in your state:

1	
2	
3	

### Notes:

# 10 Tasks New CRC Coalitions Should Address:

1. Prioritize colorectal cancer in your state
2. Establish a structure
3. Develop a vision
4. Recruit leadership and “staff”
5. Build a network of partners
6. Convene partners
7. Set goals and objectives
8. Maintain momentum
9. Get creative with funding and resources
10. Hold the group accountable

# 9 Habits of Successful CCC Coalitions



<https://www.ccnationalpartners.org/new-resource-9-habits-successful-comprehensive-cancer-control-coalitions>

# Final Thought

## Opportunities for Collaboration

# Thank You!

**To follow NCCRT on social media:**



Twitter: @NCCRTnews



Facebook:

[www.facebook.com/coloncancerroundtable](http://www.facebook.com/coloncancerroundtable)

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