



RECOMMENDATIONS FOR STATE-LEVEL COLORECTAL CANCER COALITIONS (ROUNDTABLES)

MAY 2, 2018
3:00 PM ET



Purpose of Today's Webinar

- Review recommendations for developing state level CRC screening coalitions
- Introduce two new NCCRT tools: *Development of State-Level CRC Coalitions, Guide and Workbook.*
- Examine two established examples of state coalition efforts that promote CRC screening.
- Q&A



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SHOWING RESULTS: 104 OF 104

New!
Colorectal Cancer Screening
Coast To Coast: Driving
Toward 80%



New!
The Dos And Don'ts Of
Colorectal Cancer Screening

The Dos and Don'ts of
Colorectal Cancer Screening

Do's

Don'ts

New!
Innovative Ways To Increase
Colorectal Cancer Screening
Among The Underserved –
February 20, 2018

Presenters



Caleb Levell

Program Manager

National Colorectal Cancer Roundtable



Katie Bathje, MA, LPCC

Program Director

Kentucky Cancer Consortium



Shauntay Davis, MPH

Program Director

Comprehensive Cancer Control Program

California Department of Public Health

State-Level CRC Coalitions:

What can we learn from early leaders in the effort to launch effective CRC coalitions?

May 2, 2018

Caleb Levell

Program Manager, NCCRT



More and More States Start CRC Coalitions

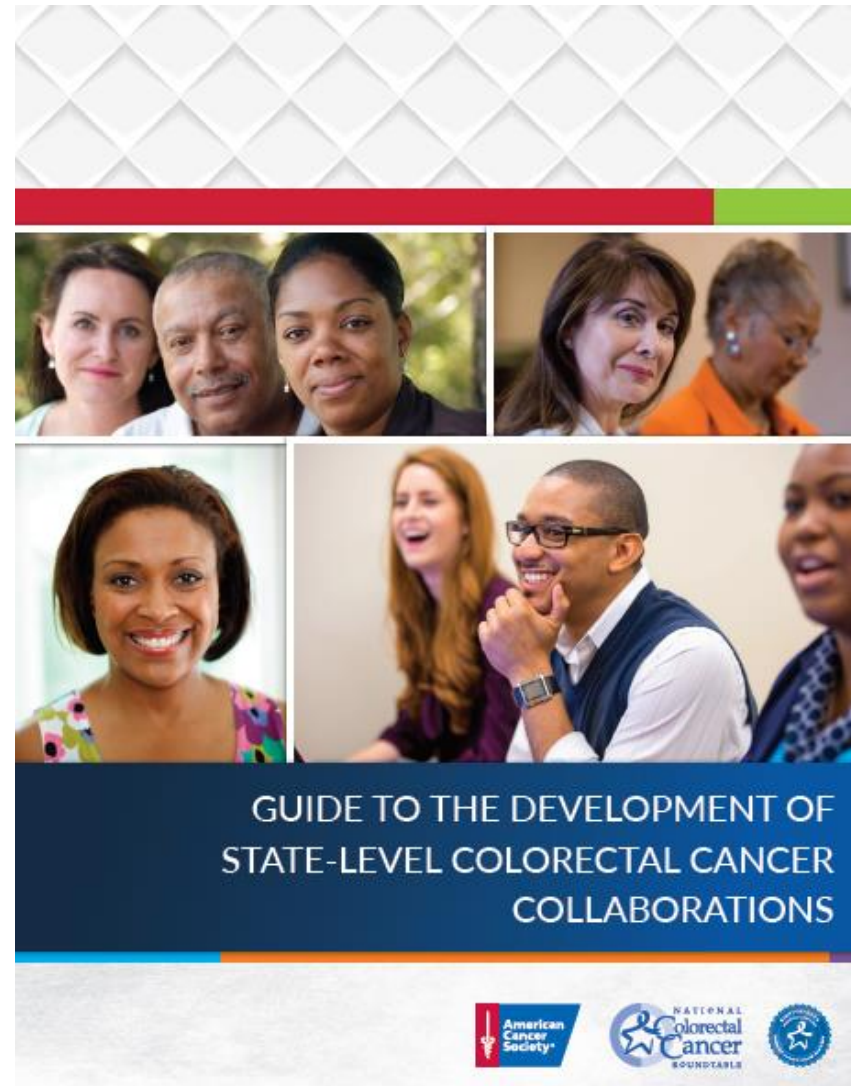
New coalitions want to know:

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



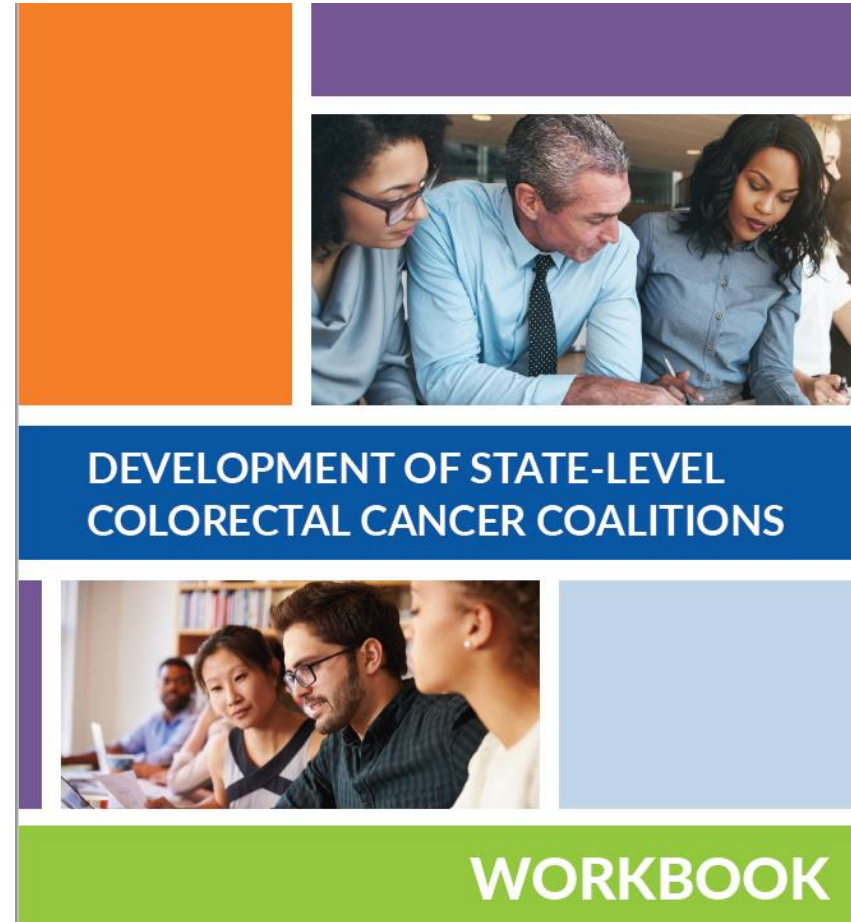
New Guide on Development of State-Level CRC Coalitions

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



New 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 \(CCNPP\)](http://www.ccnationalpartners.org/) (<http://www.ccnationalpartners.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/2gz5lvq) (<http://bit.ly/2gz5lvq>)
- [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?	http://nccrt.org/80-2018-pledge	<input type="checkbox"/>
Have you identified the other organizations in your state that have signed the pledge?	http://nccrt.org/national-map-of-pledges	<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?	https://www.cdc.gov/cancer/ncccp/index.htm	<input type="checkbox"/>
Are you familiar with the Comprehensive Cancer Control National Partnership?	http://www.ccnationalpartners.org/increase-colorectal-cancer-screening-80-2018	<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 (http://bit.ly/2m98GqF) State Cancer Registry (http://bit.ly/2o4CFA1)	<input type="checkbox"/>
What is the CRC screening rate for your state?	ACS Facts and Figures (http://bit.ly/2m98GqF) BRFSS (http://bit.ly/2BWFesC)	<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?	Impact on Lives Saved (http://bit.ly/2o4Vldy)	<input type="checkbox"/>
What is the cost of colorectal cancer in your state?	ACS-CAN The Costs of Cancer (http://bit.ly/2puMSUE) An Unhealthy America: The Economic Burden of Chronic Disease (http://bit.ly/2FaUk0u)	<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

1. Prioritize CRC in your State

Colorectal cancer is one of the few cancers which can be prevented through screening.

1. Potential for High Impact
2. Leverage national support
 - *Momentum and support from 80% by 2018 (Hall of Famers)*
3. Use state-specific data to make the case
 - 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.
 - [National Data Sets Webinar](#)



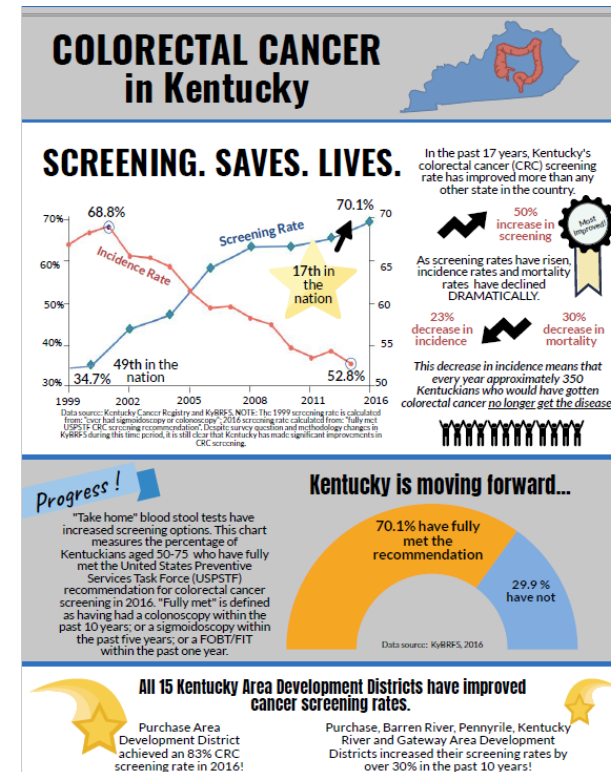
1. Prioritize CRC in your State

TIP: Create a fact sheet to describe CRC incidence and mortality in your state.

How to create a sense of urgency in key partners in your state?

Think about your audience

*"If we're really going to make an impact, let's focus."
(Kentucky Cancer Consortium)*



<http://www.kycancerc.org/>

2. Establish a Structure

Common models:

1. Task groups or committees organized under their state's CCCP, typically administered through the state's department of public health
2. Independent, not-for-profit organizations operating in concert with their state CCC program
3. Unassociated voluntary organization

Advantages and Disadvantages discussed in Guidebook

3. Develop a Vision

What is the ideal community where a coalition like yours would not need to exist?

Guide includes tips from:

- CDC -- NCCCCP
- NCCRT
 - Envision the Goal
 - Promote an inclusive solution
 - Identify your role
 - Avoid duplication



3. Develop a Vision

Example: NCCRT

- NCCRT stands united in eliminating colorectal cancer as a major public health problem.

NCCRT Role:

- Forum for communication and developing consensus
- Stimulates collaboration on projects
- Leverages the talents of the members to jointly conduct studies, create tools, and identify emerging issues that can advance colorectal cancer screening.

4. Recruit leadership and “staff”

Common models include:

1. Expert champion (typically a clinician)
 - Personality is important. Ideally, the champion will not only be a natural leader, but also persistent about asking for help from peers and partners.
 - i.e. *Expend social capital*
2. Project managers/implementation leads
3. Steering Committee members
4. Task Group members and chairs

TIP: Consider how to best support a volunteer champion’s limited time. It is often more realistic for a volunteer champion to provide leadership and contacts, but have a staff member from ACS or DOH do the behind-the-scenes project management.

5. Build a Network of Partners

- Involve two key collaborators from the beginning—the state department of health and the American Cancer Society.
- Start by developing a priority list of organizations and individuals who are critical to the effort.
- Consider involving state legislators, staffers and others in the public sphere.
- Non-traditional (e.g. fundraising, law, marketing, media, policy, other non-CRC oriented public health advocates)

6. Convene Partners

1. Plan a Summit/Kick-Off meeting

- *Get partners to the table to discuss the issues, agree on priorities, develop a plan, and secure commitments.*

2. Follow up to define success

- *Capitalize on momentum with quick action. Tangible goals, action items, assignments and target dates should be documented and distributed to all participants.*

3. Keep Momentum / Maintain volunteer investment

- *Annual Meetings, Task Groups*

7. Set Goals and Objectives

- Plan strategically to set goals for coalition's long term vision and objectives that are:
 - Concrete,
 - Action-oriented, and
 - Measurable.
- Brainstorm often, but limit to what can reasonably be accomplished.
- Align with the state cancer control plan.
- Make the process collaborative.
- Plan some early wins. Consider 3 months, 6 months, and 12 months.

8. Maintain (Build) Momentum

Tips for sustaining momentum over time:

- Meet in-person at least yearly and schedule regular times for calls.
- Focus on making meetings *interesting* and *productive*.
- Assign clear tasks, and identify achievable outcomes that can be completed before the next meeting.
- Add value to meetings by bringing in guest speakers.
- Offer ongoing communication through newsletters, email blasts, or social media.

Delaware Cancer Consortium			September 22, 2003 12:30 p.m. to 1:30 p.m. DTCC Terry Campus, Dover, DE
Committee:	Colorectal	Type of meeting:	Kick-off Meeting
Facilitator:	Management Concepts, Inc.	Note taker:	Vicki Hayden
Attendees:	Steven Grubbs, MD – Chairperson		
	Victoria Cooke – Executive Director, Delaware Breast Cancer Coalition, Inc.		
	Allison Gil – Cancer Control Manager, American Cancer Society		
	Nora C. Katurakes, RN, MSN, OCN – Helen F. Graham Cancer Center		
Observers:	Paul Silverman - Chief of Health Monitoring and Program Consultation, Division of Public Health		
	Vicki Hayden – Program Assistant, Management Concepts, Inc.		
Other Committee Members:	David J. Cloney, MD, FACS – Atlantic Surgical Associates		

9. Get Creative with Funding and Resources

- Funding from CDC, state funds, grants, private fundraising, etc.
- In kind support (e.g. ACS and DOH staffing, donated meeting space and services, etc.)
- Don't overlook public fundraising opportunities, such as local events or sales.
- Most important ingredient for success: a passionate, committed membership.



10. Hold the Group Accountable

- Many coalition leaders say that a sense of accountability permeates their work. What sets them apart from previous efforts that may have fallen short of their objectives is the understanding among all partners that the coalition will be held accountable for what they propose to do.
- As coalitions set goals, they should also develop plans for assessing progress and reporting at regular intervals. (emails, newsletters, websites, annual reports, etc.)

10. Hold the Group Accountable

Finally,
don't forget
to celebrate
success!

Create a comprehensive statewide colorectal cancer screening and advocacy program.	
	ACCOMPLISHED
YEAR 1	<ul style="list-style-type: none">• Reached out to the six major health systems serving adult populations (Nanticoke, Beebe, Bayhealth, Christiana Care, Veterans Hospital, and St. Francis) to participate in a comprehensive, community-focused colorectal cancer screening and advocacy program.• DHSS continues to provide staff support for the CRC committee and oversight for the screening coordinators and advocates (ongoing).
	ACCOMPLISHED
YEAR 2	<ul style="list-style-type: none">• Evaluation tools to measure operations and quality/outcomes have been fine-tuned and implemented (ongoing).• Screening for Life reimbursed providers for 241 colonoscopies—early cancer was detected and polyps were removed from 60 patients in FY '05. Coordinators scheduled 10 colonoscopies through Screening for Life, 9 through Medicare, and 6 through private insurance. Screening coordinators assisted in getting 225 patients screened.• In addition to ongoing marketing efforts to inform the public and health care professionals, we reached hundreds of citizens with a special promotion featuring The Colossal Colon in New Castle and Kent counties.
	ACCOMPLISHED
YEAR 3	<ul style="list-style-type: none">• Recruitment of additional physicians and facilities continues (ongoing).• In FY '06 coordinators assisted 528 patients who were screened, enrolled 241 patients in Screening for Life, and had one-on-one contact with 17,410 individuals to educate them about colon cancer and testing.• In FY '06 early cancer or polyps were detected and removed from 191 patients.• Developed a customized web-based case management program to track and monitor screenings.
TO BE ACCOMPLISHED	
YEAR 4	<ul style="list-style-type: none">• Expand program to include high-risk patients under 50 years old.• Continue to increase the capabilities of the web-based case management monitoring system.

Acknowledgements

- Thank you to our funders, ACS and the CDC.
- Thank you to our lead author, Tamara O'Shaughnessy of QNA Group.
- A special thank you to the state coalition leaders in California, Delaware, Kentucky, Minnesota and South Carolina who generously offered their time and expertise.
- Thank you to Nikki Hayes, Nina Miller, Anne Major, Sarah Shafir, Lorrie Graaf, Djenaba Joseph, Kaitlin Sylvester, Angela Moore, Karen Peterson, Erica Childs, Anjee Davis, Bob Smith, and Kerstin Ohlander.
- A big thank you to all of you who are working to increase CRC screening in your state!

Thank you!

- Look for the new guide at www.nccrt.org.
- Questions? Caleb.Levell@cancer.org



The background is a dark blue gradient with a subtle pattern of white dots. Overlaid on this are several faint, light blue geometric elements: concentric circles, arcs, and a large circular scale with tick marks and numbers ranging from 140 to 260. Some of these elements have small arrows indicating a clockwise direction.

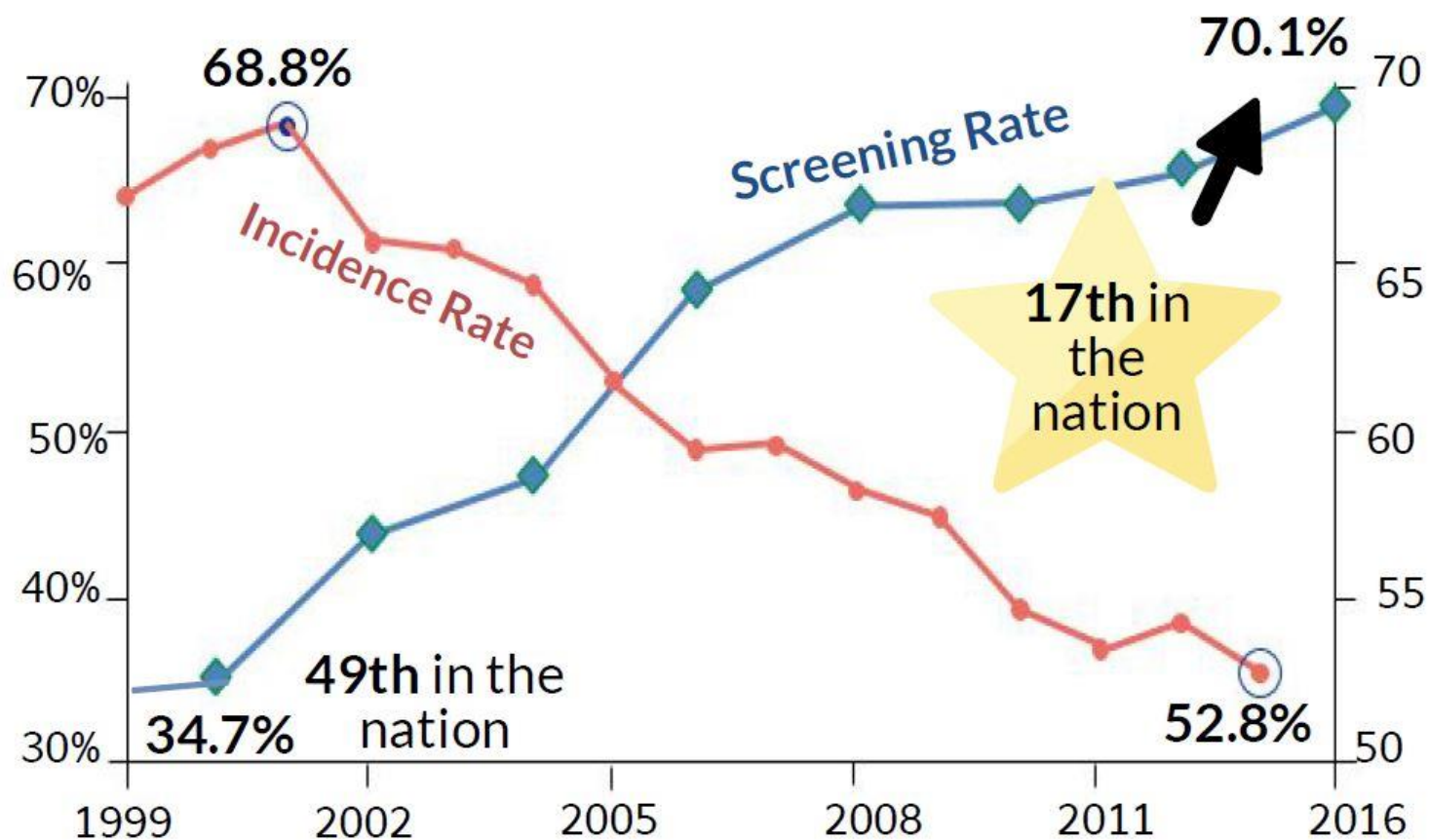
COLON CANCER IN KENTUCKY

BUILDING A SUSTAINABLE COALITION

May 2, 2018

Katie Bathje
Program Director
Kentucky Cancer Consortium

SCREENING. SAVES. LIVES.



In the past 17 years, Kentucky's colorectal cancer (CRC) screening rate has improved more than any other state in the country.



**50%
increase in
screening**



As screening rates have risen, incidence rates and mortality rates have declined **DRAMATICALLY.**

**23%
decrease in
incidence**



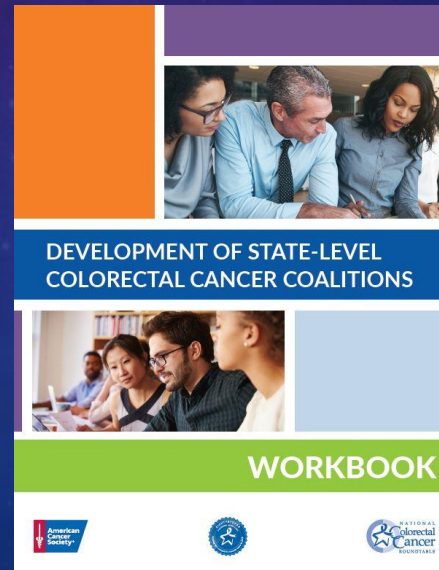
**30%
decrease in
mortality**

This decrease in incidence means that every year approximately 350 Kentuckians who would have gotten colorectal cancer no longer get the disease.



HOW DID KENTUCKY MAKE PROGRESS?

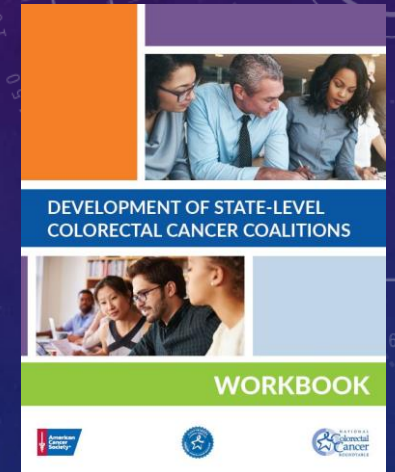
STORY TOLD THROUGH THE LENS OF THE
NCCRT'S "DEVELOPMENT OF STATE-LEVEL
COLORECTAL CANCER COALITIONS" 10
RECOMMENDED TASKS



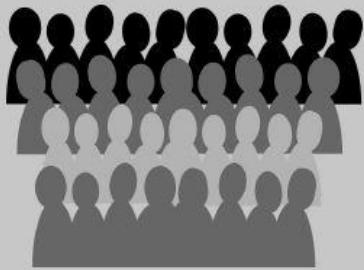
NCCRT'S “*DEVELOPMENT OF STATE-LEVEL COLORECTAL CANCER COALITIONS*” 10 RECOMMENDED TASKS

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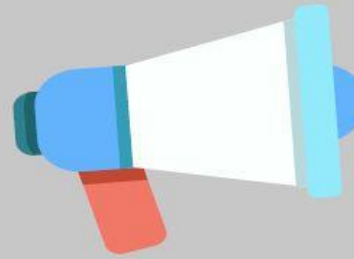
How did Kentucky make progress?



Long-term
cross-sector
collaboration



Champions,
champions,
champions



Coordinated efforts to
reach the public, providers
and systems with best-
practice messaging and
interventions



Strong policies
that reduce
barriers and
expand access

- Health dept.
- Comp cancer
- Non-profits
- Health systems
- Advocacy org
- Provider groups

- Physician
- Legislator
- Lobbyist
- Public Health official

- Comp Cancer

- Reduce financial barriers
- Increase access

COALITION FOUNDATION: **PARTNERSHIPS**

Identify dedicated staff who can be neutral conveners **(Task 4)**

- Comprehensive Cancer Control

Establish a structure by gathering partners with similar goals & clearly defining roles **(Task 2)**

- Ex: ACS, ACS CAN, Regional cancer control org, health department, physician org

Make identifying a strong policy partner a TOP priority **(Task 3)**

- Work with your 501c3's to identify a lobbyist/consultant

Convene partners regularly, *initially* around a specific project/initiative **(Task 6)**

- Ideas: state summit, public awareness campaign, provider education event

Build on momentum of initial project to catalyze ongoing objectives/workgroups **(Task 8)**

- Providers, Public, Policy

COALITION GROWTH: A PLAN IN ACTION

Identify resource gaps and areas of greatest need **(Task 1)**

- Cancer registry data, BRFSS questions, “who’s doing what?” matrix

Prepare for planned and unexpected opportunities to request and acquire resources **(Task 9)**

- What would you do with a million dollars?

Choose top objectives from state cancer plan, and create an accompanying resource plan **(Tasks 7 & 9)**

- How much would it cost to implement that state cancer plan objective? Or not?

Continue convening partners regularly **(Tasks 6 & 10)**

- Neutral staff creating agendas, minutes, logistics of space, following up on meeting action steps

TASK 9: GET CREATIVE WITH FUNDING & RESOURCES

Prepare for planned and unexpected opportunities to request and acquire resources

- **Planned:** testify at state legislative Health & Welfare Committee hearings; make the case to Administration that CRC screening saves lives AND money; find friendly legislators
- **Unplanned:** 3-time cancer survivor and fundraiser found our plan online. Comp cancer convenes fundraiser, comp cancer coalition chair, and physician champ...a new 501c3 is founded.

KENTUCKY CANCER RESOURCE PLAN

What can we do for Kentucky?

- For every \$100,000 invested in cancer prevention and screening....
 - 666 Smoking cessation medications can be provided
 - 135 Lung cancer screenings performed
 - 246 Colon cancer screenings performed
 - 403 Breast cancer screening performed
 - 450 Cervical cancer screening performed

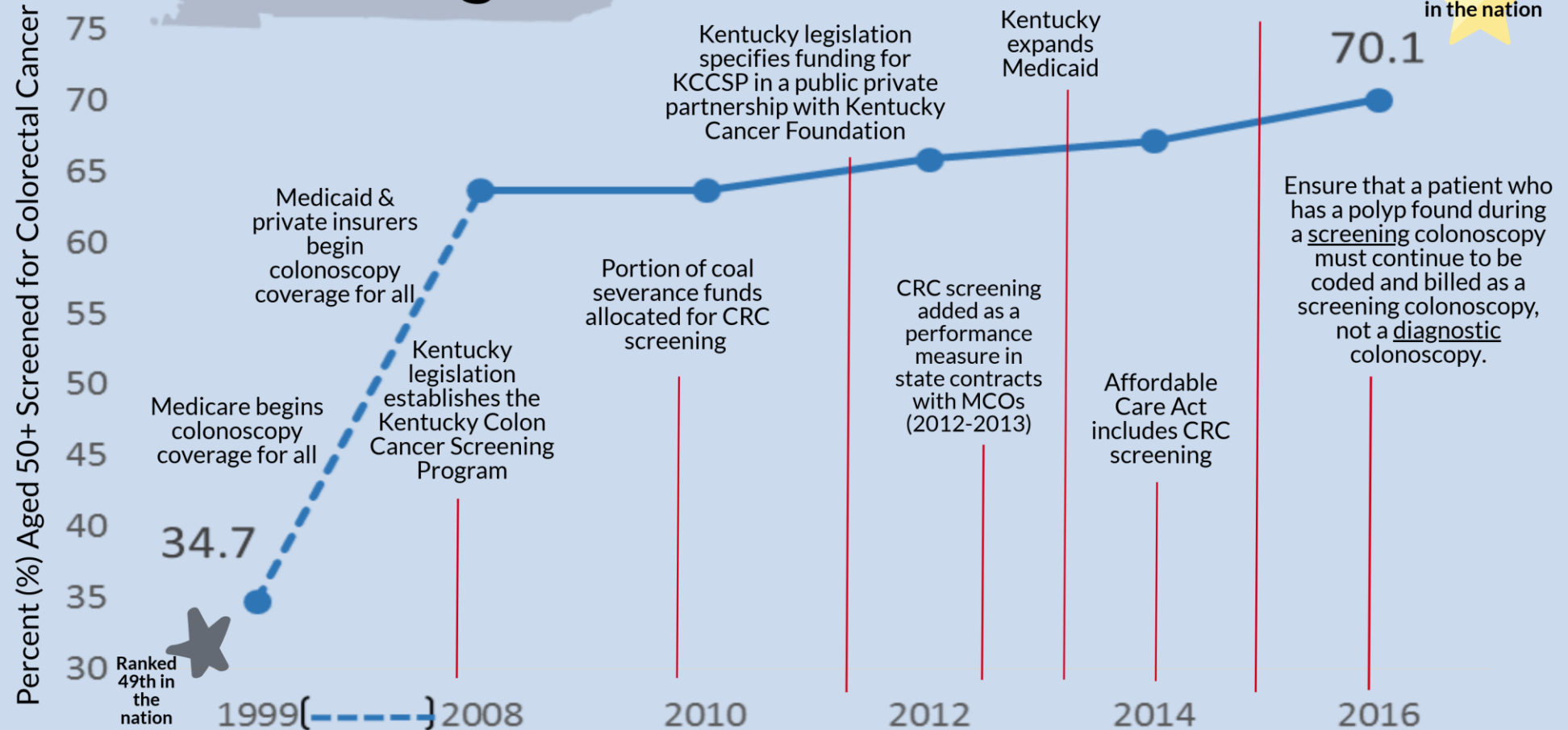
Lost opportunity for Kentucky

- For every \$100,000 invested in cancer treatment...
 - 0 Kentuckians can be treated for late stage lung cancer. OR...
 - 1 Kentuckian can be treated for late stage colon cancer. OR...
 - 1 Kentuckian can be treated for late stage breast cancer. OR...
 - 1 Kentuckian can be treated for late stage cervical cancer.

TASK 7: SET GOALS... POLICY!



Kentucky Colorectal Cancer Policy: Saving Lives!



THANK YOU for prioritizing policies that reduce cancer in Kentucky. We know what works to prevent colorectal cancer and how to find it early when it is most treatable. Enacting data driven practices at the policy level give you, our state policymakers, a unique opportunity to join our efforts.

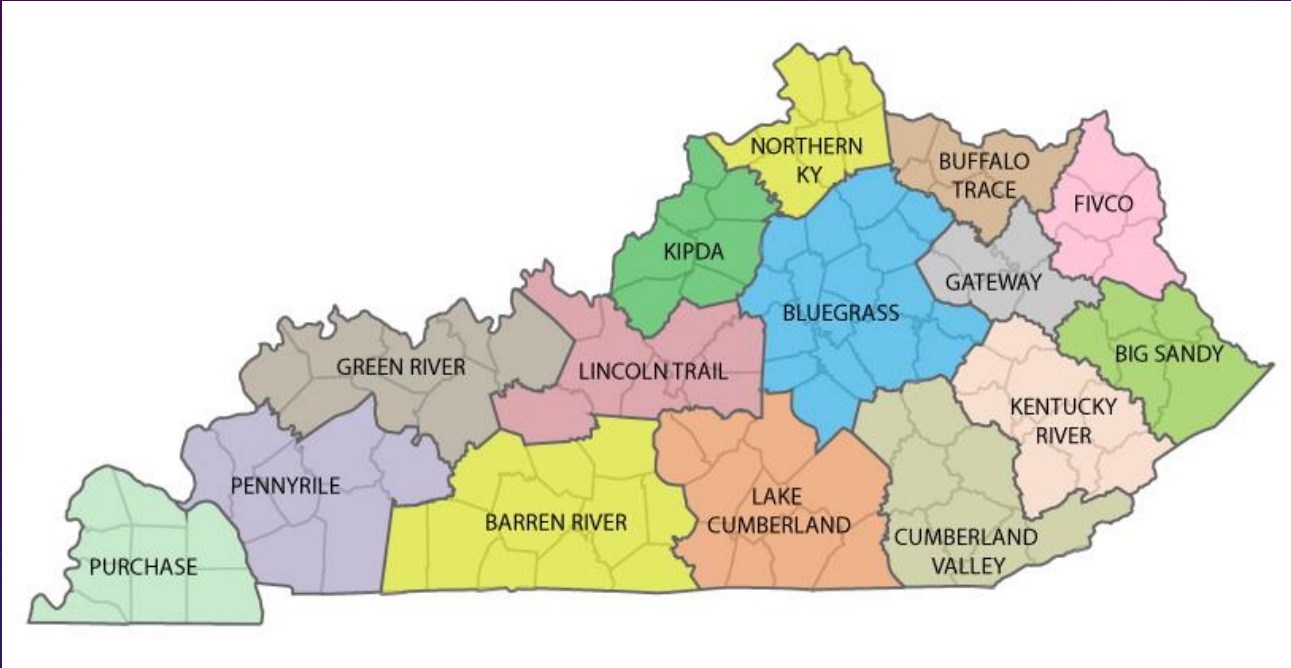
A message from the
Kentucky Cancer
Consortium Colon
Cancer Committee.
Visit us at:
www.kycancerc.org



COALITION PARTNERS PUT POLICIES & PLANS INTO **ACTION**

- KCP develops “Get the FIT Facts” provider education campaign, disseminates to PCPs statewide.
- Kentucky Cancer Registry, Ky Behavioral Risk Factors Surveillance System Program and KCC gather CRC data and create factsheets and presentations for use by KCP & Local HDs in health education
- KCCSP trains local HD staff as patient navigators in CRC screening programs
- C2P2 takes CRC screening lunch-n-learn to staffs of all FQHCs and community health centers in Kentucky
- 7 Inflatable colons travel around Kentucky for CRC screening awareness events
- Kentucky Cancer Link partners with NCI designated Markey Cancer Center to distribute FIT kits and navigate patients

2016 Colorectal Cancer Screening Rates by Area Development District, KyBRFS



★ Purchase ADD achieved 80% by 2018!

★ And many ADDs increased their screening rates by over 30% in the past 10 years.

★	Purchase- 83%	★
	Green River- 78%	
	Bluegrass- 77%	
	Barren River- 72%	★
	Northern Kentucky- 74%	
	FIVCO- 74%	
	KIPDA- 72%	
	Pennyrile- 71%	★
	Lincoln Trail- 71%	
	Buffalo Trace- 67%	
	Kentucky River- 64%	★
	Gateway- 63%	★
	Cumberland Valley- 63%	
	Lake Cumberland- 62%	
	Big Sandy- 60%	



There's more to be done!

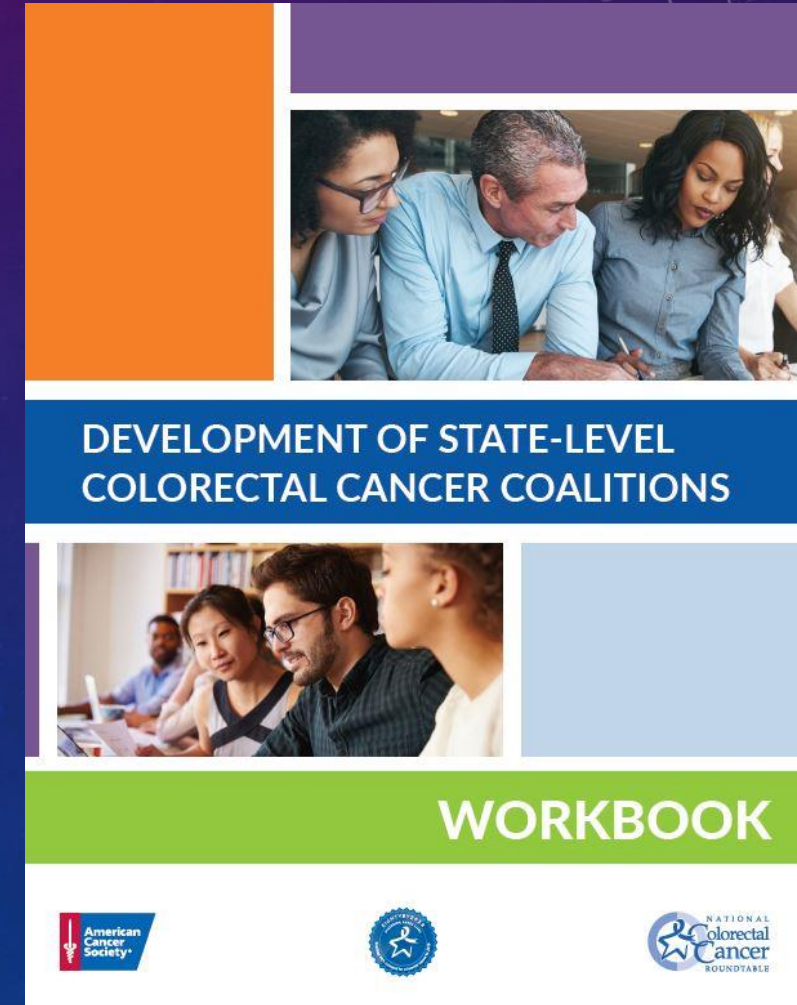
Despite our progress, there is more to be done. 21 percent of colorectal cancer cases in Kentucky are still diagnosed at a late stage. Blacks have a higher incidence rate and mortality rate from colorectal cancer than whites. The highest incidence and mortality rates in Kentucky are in the Appalachian region of the state, and they are declining much more slowly compared to the non-Appalachian area of the state.

COALITION WORK – ALL ABOARD!



NCCRT'S “*DEVELOPMENT OF STATE-LEVEL COLORECTAL CANCER COALITIONS*” 10 RECOMMENDED TASKS

1. Prioritize colorectal cancer in their state
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THANK YOU!



Katie Bathje

katie@kycancerc.org

KCC Colon Cancer Committee organizations:

American Cancer Society

American Cancer Society Cancer Action Network

Colon Cancer Prevention Project

Kentucky African Americans Against Cancer

Kentucky Cancer Foundation

Kentucky Cancer Program at the University of Kentucky

Kentucky Cancer Program at the University of Louisville

Kentucky Cancer Registry

Kentucky CancerLink

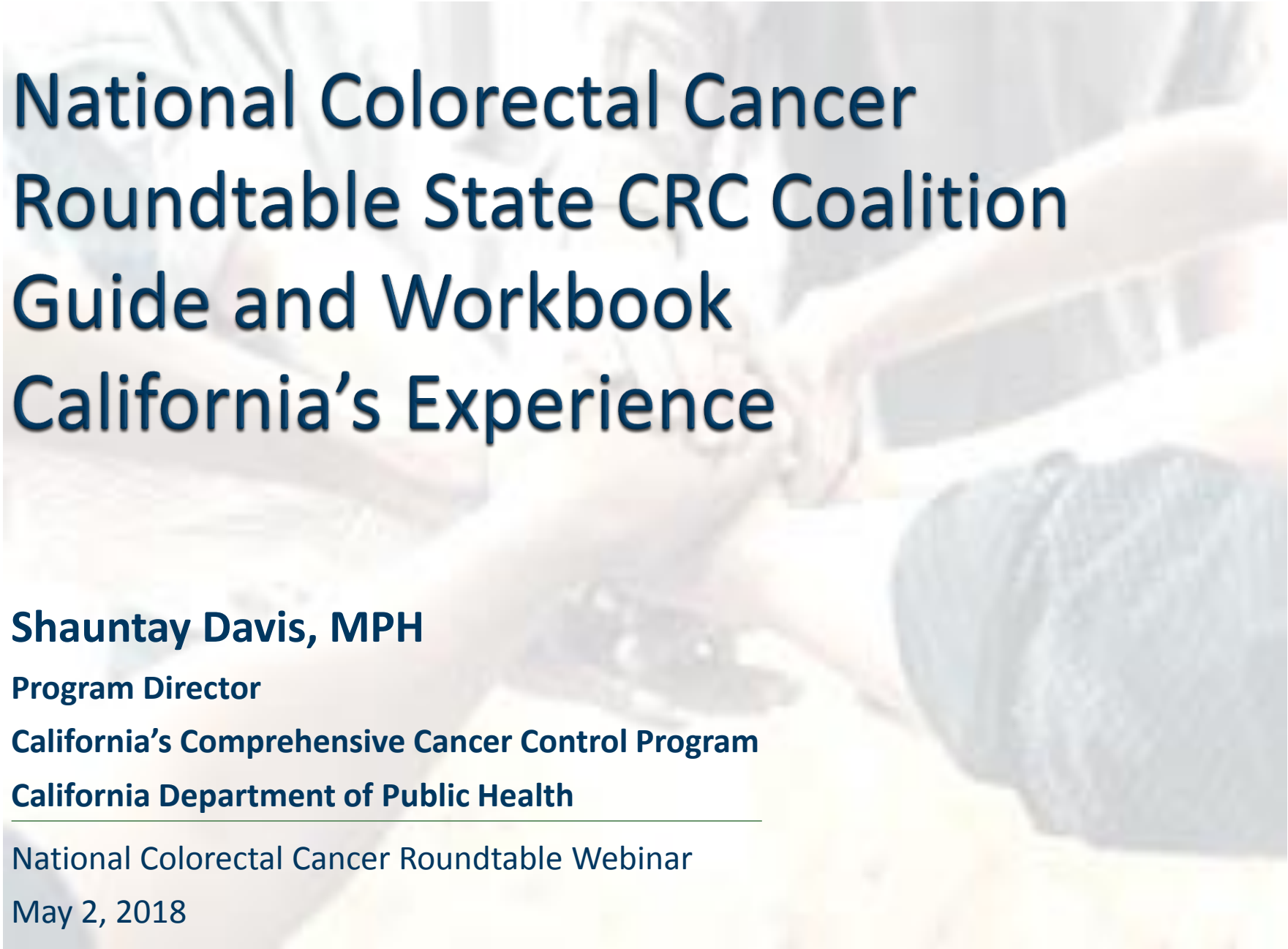
Kentucky Department for Public Health

Kentucky Homeplace

University of Kentucky Rural Cancer Prevention Center

University of Kentucky, Markey Cancer Center

University of Louisville, Brown Cancer Center



National Colorectal Cancer Roundtable State CRC Coalition Guide and Workbook California's Experience

Shauntay Davis, MPH

Program Director

California's Comprehensive Cancer Control Program


California Department of Public Health

National Colorectal Cancer Roundtable Webinar

May 2, 2018

California's Comprehensive Cancer Control Program

California's Comprehensive Cancer Control Program (CCCP) is charged with:

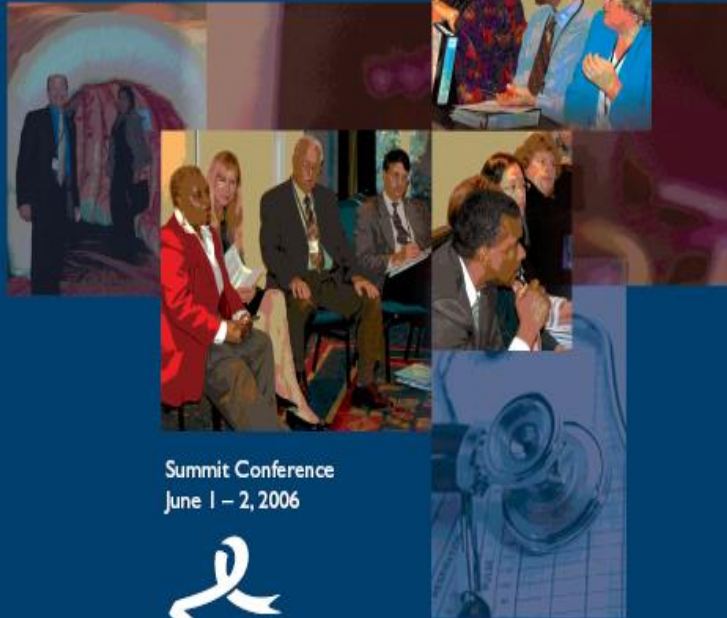
- Establishing a cancer control coalition
California Dialogue on Cancer or 
CALIFORNIA DIALOGUE ON CANCER
Preventing Cancer & Saving Lives through Collaboration
- Assessing the burden of cancer in California
- Developing and implementing a Comprehensive Cancer Control Plan for California

Prioritizing Colorectal Cancer

- First state cancer plan adopted in 2004 that included goals and objectives to reduce the cancer burden by 2010
- Reducing colorectal cancer mortality was prioritized
 - ✓ Goal for CRC: By 2010, reduce the CRC mortality rate in California by 40%.
- CDOC formed a CRC Implementation Team

CALIFORNIANS
TAKING ACTION
TO CONQUER
COLORECTAL
C A N C E R

A DIALOGUE
FOR ACTION



Summit Conference
June 1 – 2, 2006



California Dialogue for Action - 2006

- CDOC CRC Implementation Team applied for funding to further CRC screening efforts identified in the cancer plan
- Received a grant from the Prevent Cancer Foundation to convene a California Dialogue for Action conference.

California DFA 2006 Outcome

- \$60,000 raised to assist in establishing a 501c3
- In 2007, the California Colorectal Cancer Coalition (C4) is established



- C4's mission is to save lives and reduce suffering from colorectal cancer in all Californians.

www.cacoloncancer.org

- Led by a president and a volunteer member board
- Major funders are the Colon Cancer Alliance through the UNDY Run/Walk in Sacramento and San Diego and ACS
- Close coordination with ACS, CDOC, and the state CRC CDC funded screening program



C4 Community Grants Program

- Annual community collaborative grant process initiated in 2013 with a major focus on increasing the screening rate in California's FQHCs
- 2013 through 2018 a total of \$395,660 funded 55 grants



www.cacoloncancer.org

CDOC and C4

Continued Collaboration

- CDOC and C4 continue to collaborate on CRC efforts in California
- C4's independent status allows for more flexibility in initiating various efforts
- CDOC's broader stakeholder base and reach allows the engagement of additional partners to address CRC efforts

CDOC's 80 by 2018 Efforts

- 2014 - CDOC joined the 80 by 2018 movement and declared increasing CRC screening our BIG Win
- Draft Cancer Plan Goal: By 2020, increase CRC screening among CA's 50 and older by 24.22%, from the baseline of 64.4%* to 80%.
- 2015 - CA Comp Cancer Program was selected to participate in the first 80 by 18 Forum: *Increasing CRC Screening Rates through Enhanced Partnerships between Comp Cancer Control Coalitions & FQHCs*

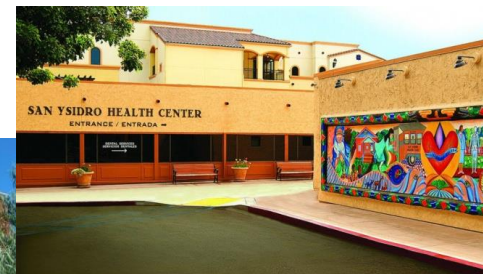


*Behavioral Risk Factor Surveillance System, 2013

CDOC's 80 by 2018 Efforts

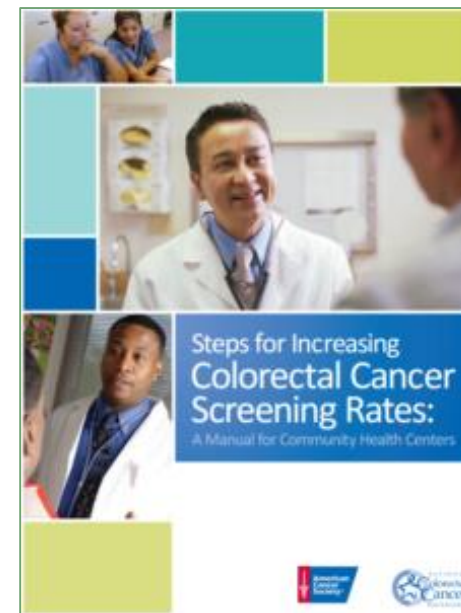
80% by 2018 Forum Outcome

- An action plan was developed to assist community health centers increase their CRC screening rates
- Objective: Develop a CME training that addresses specific needs and challenges of community health centers to increase CRC screening



CDOC's 80% by 2018 Efforts

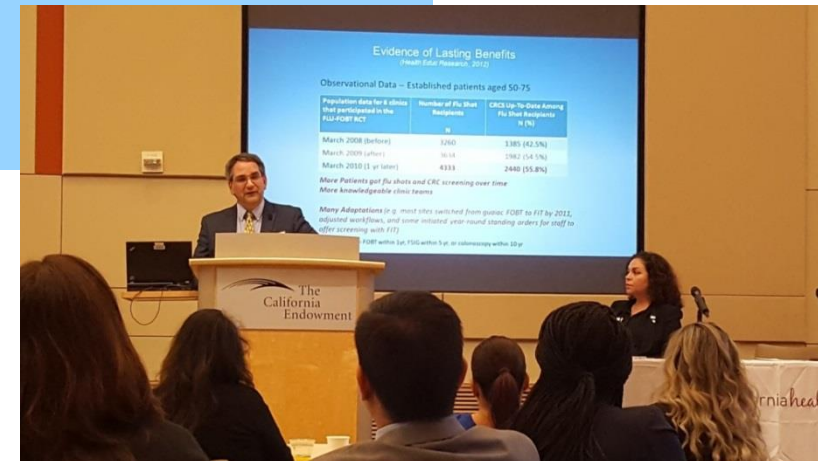
- Established Colorectal Cancer Workgroup as part of CDOC to develop training
- Engaged additional partners, including C4, California Primary Care Association (CPCA), ACS and additional SMEs
- Utilized *Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers* to develop needs assessment and training curriculum



Training

Increasing CRC Screening Rates *Addressing barriers and learning best practices impacting California Community Clinics & Health Centers*

4.25 CME credits



Recordings of the presentations are available on the CPCA YouTube Channel and the CPCA On Demand Library

www.cPCA.org

Training Curriculum

- Operational Efficiencies in CRC Screening
 - Standing orders, FluFIT
- Care Delivery & Coordination for CRC Screening
 - Patient navigation, staff coordination & patient education
- Best Practices for Financial Sustainability for CRC Screening
 - Hospital partnerships, EHR optimization, negotiating FIT prices

Collaboration is Key

- Increasing CRC screening through state level coalitions requires collaboration, commitment, and passion.



Establishing a CRC Coalition

Lessons Learned

- Ensure there is a champion on board
- Utilize state cancer coalition and comprehensive cancer control program and stay engaged
- Engage stakeholders and build network – ensure there is diversity in membership (e.g. GIs, survivors, fundraisers, advocates, etc.)



Establishing a CRC Coalition

Lessons Learned

- Develop a vision and goals
- Get creative with funding efforts
- Utilize existing resources
- Maintain stakeholder commitment





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Please submit your questions in the chat box.

Thank You!

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