



## American Cancer Society and Community Health Centers Partner to Increase Colorectal Cancer Screening



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Kaela Momtselidze,  
Health Systems Manager,  
American Cancer Society

### More Information

#### American Cancer Society: Colorectal Cancer

[www.cancer.org/cancer/colon-rectal-cancer.html](http://www.cancer.org/cancer/colon-rectal-cancer.html)

#### Community Health Centers of South Central Texas, Inc.

[www.chcsct.com](http://www.chcsct.com)

#### New Orleans East Louisiana Community Health Center

[www.noelachc.org](http://www.noelachc.org)

#### The Community Guide: CPSTF Recommendations on Cancer Prevention and Control

[www.thecommunityguide.org/cancer](http://www.thecommunityguide.org/cancer)

Colorectal cancer is the second leading cause of cancer-related deaths.<sup>1</sup> In 2015, nearly 150,000 people in the United States were diagnosed and more than 52,000 people died from colorectal cancer.<sup>2</sup> In 2010, the estimated direct medical cost of colorectal cancer care was \$14 billion.<sup>3</sup> Colorectal cancer screening can detect and remove abnormal growths before they develop into cancer, or find cancer at earlier, more treatable stages.<sup>2</sup>

The Community Health Centers of South Central Texas, Inc. (CHCSCT) and the New Orleans East Louisiana Community Health Center (NOELA) found colorectal cancer screening rates for their populations were below the national average. They partnered with the American Cancer Society to implement the Community Preventive Services Task Force (CPSTF) recommendation for **multicomponent interventions** to increase colorectal cancer screening rates. These cost-effective interventions combined two or more intervention approaches reviewed by the CPSTF, or two or more interventions to reduce structural barriers. Within three years, both CHCSCT and NOELA greatly increased their colorectal cancer screening rates.

### Reaching Underserved Populations

Community health centers are often the primary source of care for underserved populations. CHCSCT serves more than 2,500 patients between the ages of 50 and 75 in seven rural locations. The clinics are often far from patients' homes, and transportation can be a major hurdle. NOELA serves nearly 4,000 patients of all ages. Their population is diverse (86% are non-white), and nearly half of their patients do not speak English (39% speak Vietnamese, 9% speak Spanish).

In 2014, the national rate for colorectal cancer screening among adults 50 years and older was 66%. The comparable rate among CHCSCT patients was 7%, and the rate among patients of NOELA was 25% (2013 data).<sup>4</sup>

The American Cancer Society reached out to CHCSCT and NOELA to help them increase rates of colorectal cancer screening by colonoscopy or fecal occult blood test (FOBT). They funded each center to implement CPSTF-recommended multicomponent interventions and created primary care teams to offer guidance and support. The teams included public health policy and planning professionals who worked closely with each community to select and implement programs.

“The Community Guide made it easier to develop our colorectal cancer screening program because we had a list of interventions that have been proven to be successful,” said Kaela Momtselidze, a Health Systems Manager with the American Cancer Society who worked with the centers in South Central Texas. “Clinics are busy and we want to ensure we are recommending and helping to implement interventions that are going to make a positive impact.”



# Strategies to Increase Colorectal Cancer Screening

The CPSTF recommendation for [multicomponent interventions](#) to increase colorectal cancer screening categorizes activities into three strategies.

- **Increasing community demand.** The community health centers used [small media interventions](#), [client reminders](#), and [one-on-one education](#). The American Cancer Society developed handouts about screening guidelines and local resources for centers to give patients during appointments. The centers mailed patients reminders when they were due for screening, and healthcare providers delivered one-on-one education about the importance of colorectal cancer screening during other patient visits. NOELA also translated materials into Vietnamese and Spanish for non-English speaking patients.
- **Increasing community access.** Both programs addressed [barriers](#) associated with patient transportation and [out-of-pocket costs](#).<sup>\*</sup> CHCSCT provided rural patients with gas cards to help cover the cost of driving long distances, and NOELA partnered with nearby gastroenterology and lab providers to provide transportation for patients in need. When patients had no other transportation options, they were encouraged to mail a FOBT. With funding from the American Cancer Society, both centers were able to reduce patients' out-of-pocket costs.
- **Increasing provider delivery of screening services.** The centers implemented electronic health record systems to track cancer screenings and [remind providers](#) when clients were eligible or due for screening. The systems also generated reports for [provider assessment and feedback](#) and tracked changes in screening rates.<sup>5</sup>

## What is The Community Guide?

The Guide to Community Preventive Services (The Community Guide) is an essential resource for people who want to know what works in public health. It provides evidence-based recommendations about public health programs, services, and other interventions to improve health and promote safety.

The Community Preventive Services Task Force (CPSTF)—an independent, nonfederal panel of public health and prevention experts—bases its recommendations on systematic reviews of the scientific literature. With oversight from the CPSTF, scientists and subject-matter experts from the Centers for Disease Control and Prevention conduct these reviews in collaboration with a wide range of government, academic, policy, and practice-based partners.

[www.thecommunityguide.org](http://www.thecommunityguide.org)

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 Community Preventive Services Task Force

January 2019

## Screening Success

Following implementation of the multicomponent interventions, both centers experienced dramatic increases in colorectal cancer screening rates. Among NOELA's population, the screening rates doubled in the first year, and rose to 82% by the third year. Program planners attributed a large part of their success to the electronic health record system, which quadrupled the number of client reminders sent to patients. Screening rates among CHCSCT patients increased more than five-fold, rising from 7% to 38% in the first year of the program.

The community health centers plan to continue and improve the programs, and the American Cancer Society will continue to assist with materials and guidance. The centers are updating their electronic health record systems, which will continue to generate client and provider reminders. And NOELA will continue collaborating with providers to offer transportation to those in need.

## Lessons Learned

- **Initial support can lead to long-lasting results** – The American Cancer Society provided the community health centers with funding, support, and guidance, starting with CPSTF evidence-based recommendations. This enabled the centers to implement interventions they could feel confident would serve their communities.
- **Multicomponent interventions provide a variety of approaches** – By combining tactics to increase community demand, community access, and provider delivery, the centers were able to educate patients, provide assistance to those in need, and help providers track patient care.

<sup>\*</sup>The CPSTF found insufficient evidence for decreasing out-of-pocket costs to increase colorectal cancer screening because no studies qualified for the systematic review. A finding of insufficient evidence does not mean the interventions do not work; it means more research is needed.

<sup>1</sup>CDC Colorectal Cancer Statistics. Retrieved 10/30/2018 from <https://www.cdc.gov/cancer/colorectal/statistics/index.htm>.

<sup>2</sup>United States Cancer Statistics: Data Visualizations (2018). Leading Cancer Cases and Deaths, Male and Female, 2015. Retrieved 9/6/18 from <https://gis.cdc.gov/Cancer/USCS/DataViz.html>

<sup>3</sup>Mariotto AB, Yabroff KR, Shao Y, Feuer EJ, and Brown ML. Projections of the cost of cancer care in the United States: 2010-2020. *Journal of the National Cancer Institute* 2011;103(2).

<sup>4</sup>Final Update Summary: Colorectal Cancer: Screening. U.S. Preventive Services Task Force. (2016) Retrieved from <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2?ds=1&s=colorectal-cancer>

<sup>5</sup>Kaela Momtzelidze and Shimeka Chretien-Bass, American Cancer Society. (Internal document and personal communication), September 6, 2018.