



“Enhancing Colorectal Cancer Screening Through Effective Patient Navigation: Integrating CPSTF Recommendations for Economic Impact”

September 11, 2024

1:00 pm – 2:30pm ET



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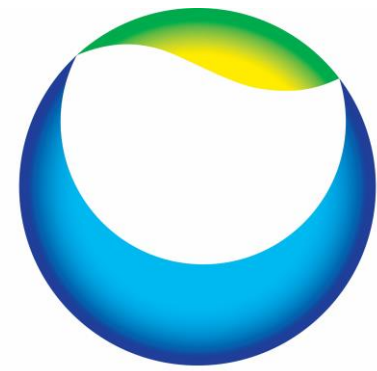
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- **Overview of ACS NNRT**
- **Community Preventive Service Task Force (CPSTF) Community Guide**
- **Economic Findings**
- **Comprehensive Cancer Control**
- **Questions and Answers**

Agenda



MISSION

High quality cancer care for all through evidence-based patient navigation

VISION

NNRT is a collaboration that advances patient navigation efforts to eliminate barriers for quality care, reduce disparities in health outcomes and foster ongoing health equity across the cancer continuum.

Five-Year AIM (2021-2026)

To support the creation of a sustainable model for oncology patient navigation to achieve health equity across the continuum of cancer care.

<https://navigationroundtable.org/>

Driving Navigation Forward



Connecting patients to the care they need.

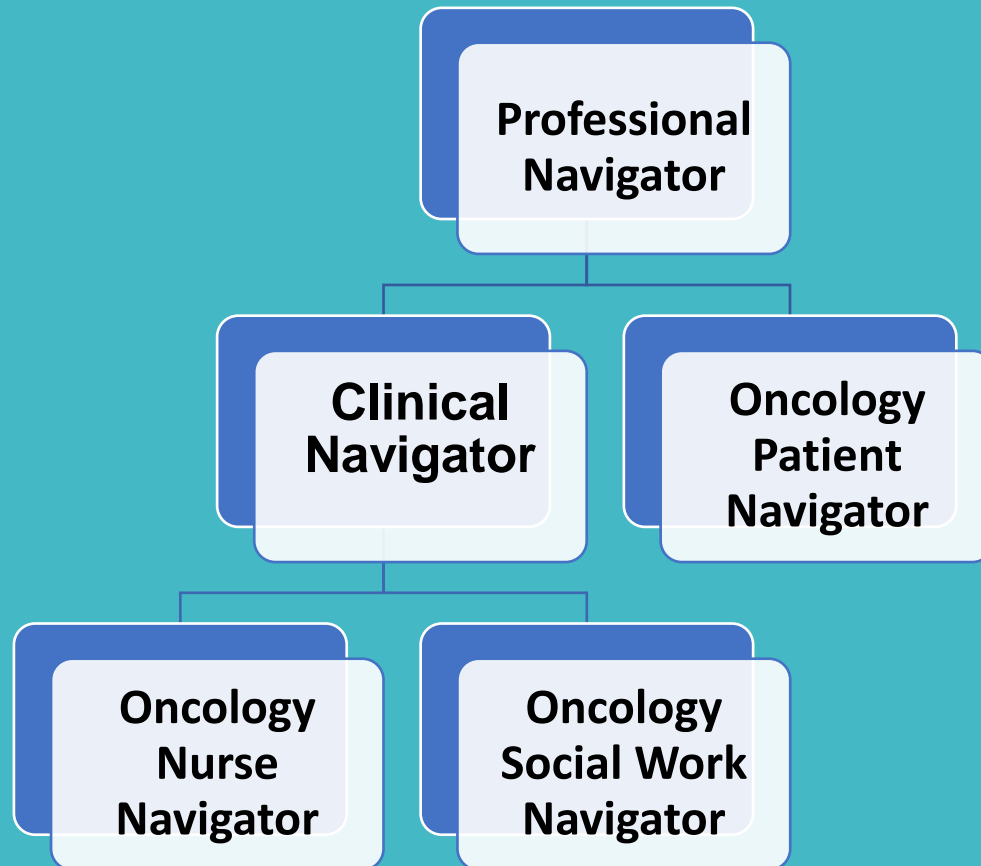
Standardize metrics and defined roles

Professional Oncology Navigation Task Force (PONT)

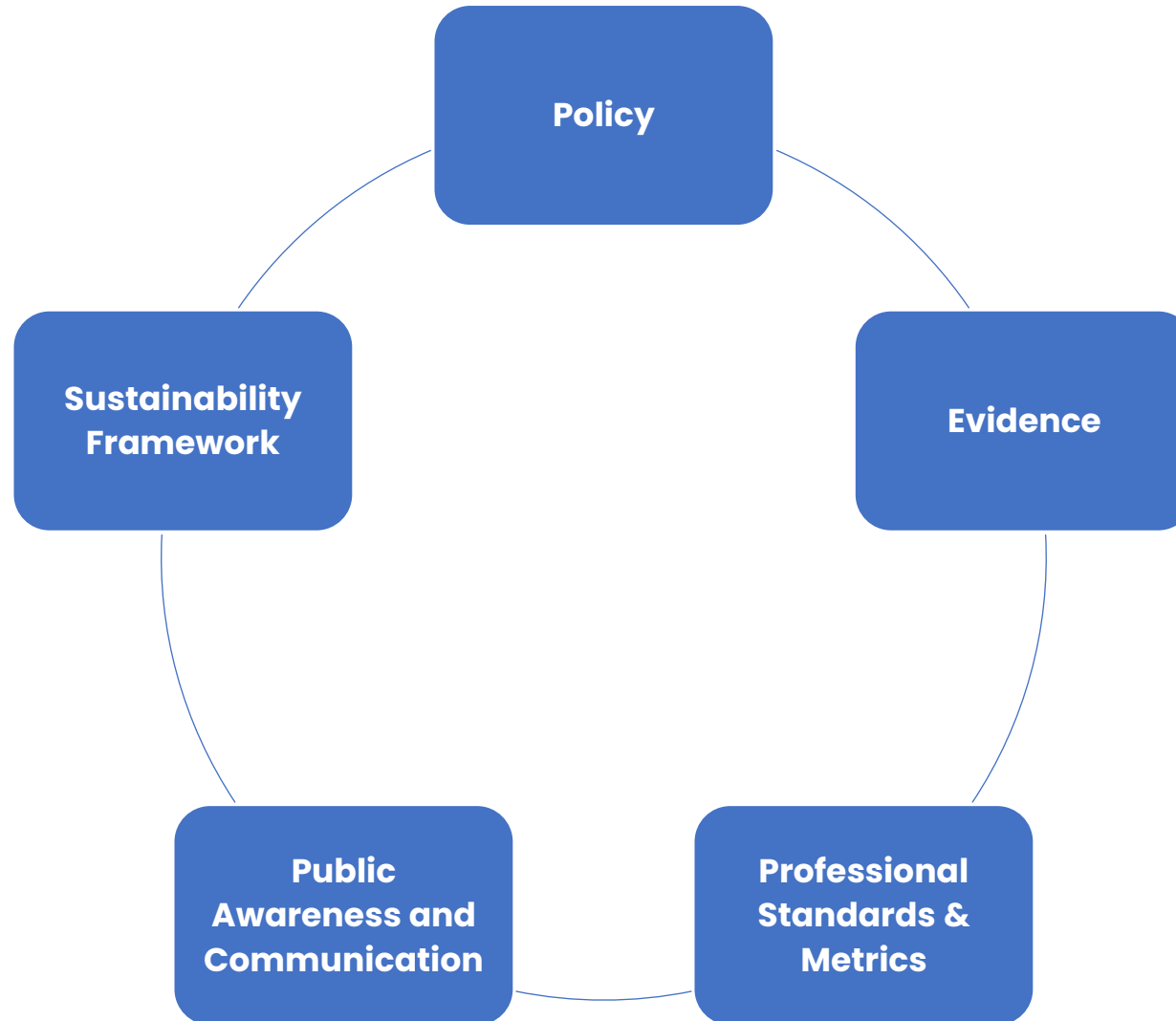
- Provides clinical oncology navigators and patient navigators with clear information regarding the standards of professional practice
- Guidance regarding the knowledge & skills all professional navigators should possess to deliver high-quality, competent, and ethical services
- Provides benchmarks for healthcare employers
- Information for policy & decision makers to understand the role of the professional oncology navigator

Oncology Navigation:

Individualized assistance offered to patients, families, and caregivers to help overcome healthcare system barriers and facilitate timely access to quality health and psychosocial care from pre-diagnosis through all phases of the cancer experience.



ACS NNRT in Action



**COLORADO
CANCER
SCREENING
PROGRAM**



Sustainability

Patient Navigation Sustainability Assessment Tool PNSAT



Workflow
Integration



Monitoring
& Evaluation



Communication, Planning,
& Implementation



Outcomes &
Effectiveness



Engaged Staff
& Leadership



Engaged
Community



Funding
Stability

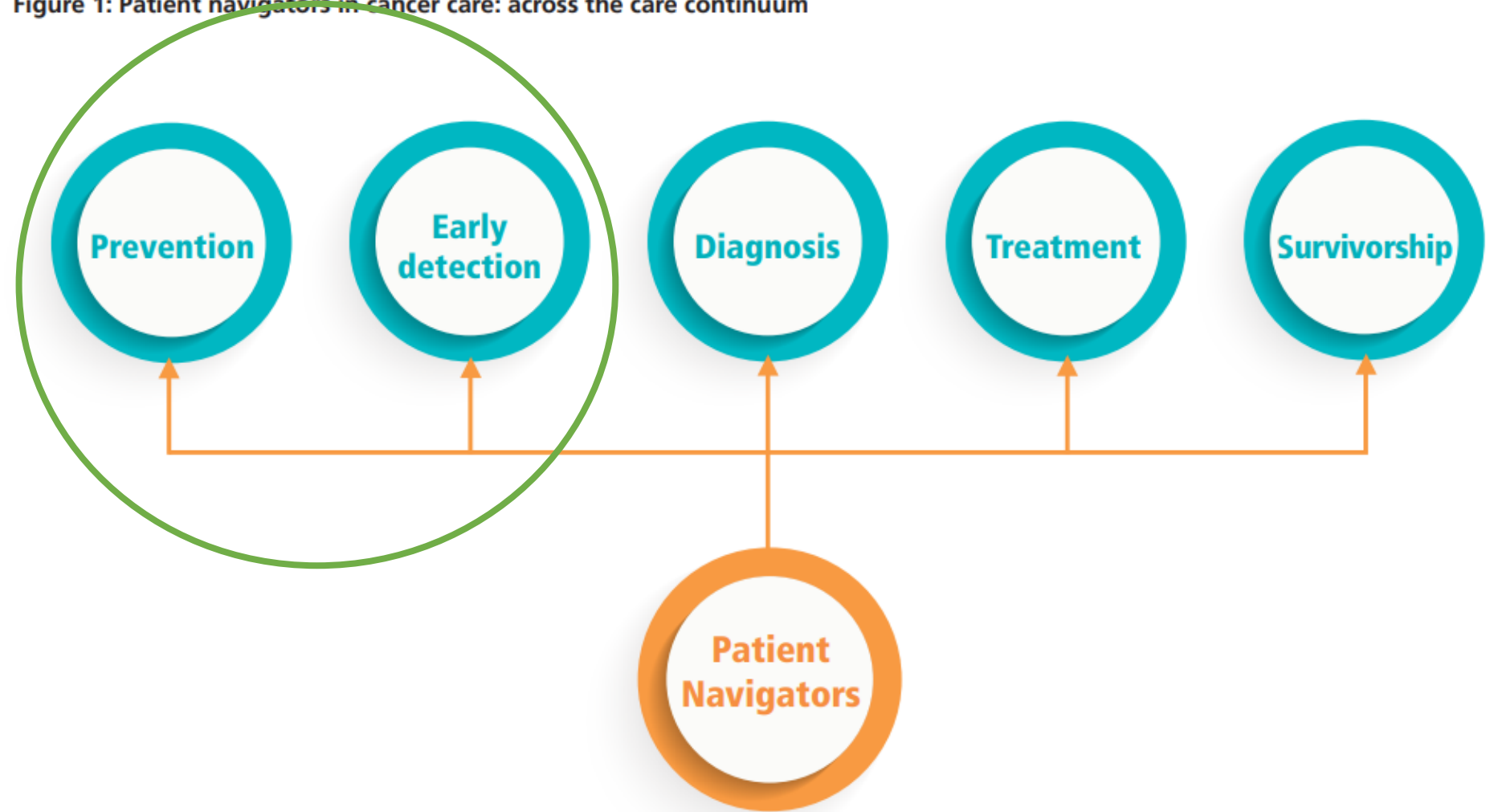


Organizational
Context & Capacity

Adopted by:



Figure 1: Patient navigators in cancer care: across the care continuum



The Community Preventive Services Task Force (CPSTF) recommends patient navigation services to increase breast, cervical, and colorectal cancer screenings among historically disadvantaged racial and ethnic populations and people with lower incomes.

[Link to Recording:
https://navigationroundtable.org/annualmeetings/reaching-communities-through-patient-navigation-evidence-for-action-archived-webinar/](https://navigationroundtable.org/annualmeetings/reaching-communities-through-patient-navigation-evidence-for-action-archived-webinar/)

Dissemination of Evidence



The Community Guide

Topics ▾

CPSTF ▾

Publications & Resources ▾

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More than 25 years of evidence-based findings for population health

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www.thecommunityguide.org

Today's Presenters



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Cancer Screening Economic Findings: Patient Navigation Services to Increase Breast, Cervical, and Colorectal Cancer Screening and Advance Health Equity

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Sajal Chattopadhyay
Yinan Peng



The
Community
Guide

Disclaimers and Disclosures

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

The findings and conclusions in this presentation have not been formally determined by the Community Preventive Services Task Force (CPSTF) or disseminated by the Centers for Disease Control and Prevention (CDC) and should not be construed to represent any Task Force or Agency determination or policy.

No conflicts of interest to report.

Agenda

- Introduction to the Community Preventive Services Task Force (CPSTF) and The Community Guide
- Current CPSTF recommendations for interventions to increase breast, cervical, and colorectal cancer screening
- CPSTF economic finding for breast and cervical cancer screenings
- Economic review of patient navigation services to increase colorectal cancer screening and advance health equity
 - Analytic framework and research questions
 - Methods
 - Results
 - CPSTF economic findings
 - Evidence gaps

Introduction to the Community Preventive Services Task Force and The Community Guide

Audience poll

- Have you ever heard of The Community Guide or the Community Preventive Services Task Force (CPSTF)?

- Have you ever used The Community Guide or a CPSTF recommendation?

- In what setting(s) do you work?
 - Health department
 - Health system
 - Worksite
 - Government/policy
 - Academic institution
 - Other

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Have you ever heard of The Community Guide or the Community Preventive Services Task Force (CPSTF)?

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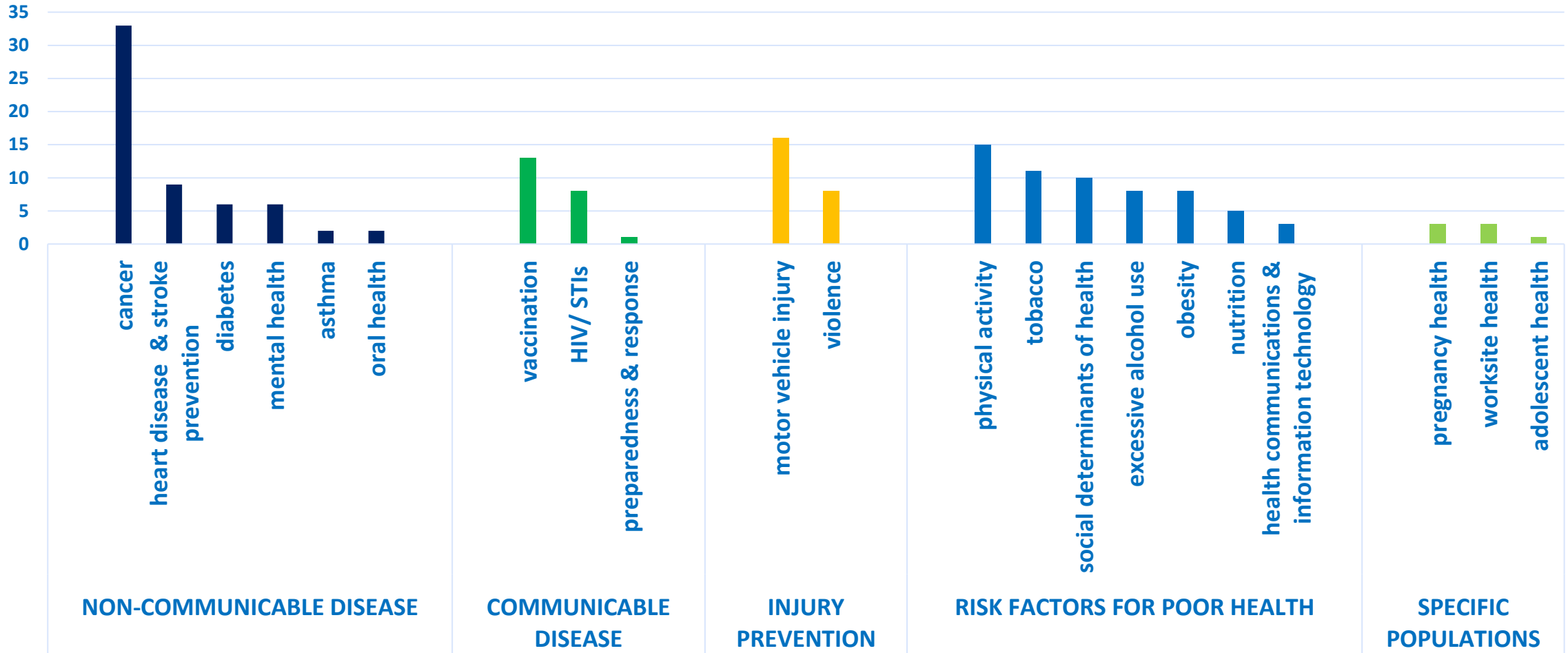
The Community Preventive Services Task Force (CPSTF)¹

- Established by the U.S. Department of Health and Human Services in 1996
- Independent, nonfederal panel of 15 public health and prevention experts
- Develop guidance on which public health intervention approaches that work, based on available scientific evidence

1. [About the Community Preventive Services Task Force | The Community Guide](#)

Since 1996, CPSTF issued >170 Recommendations across 21 Topics.

Number of CPSTF recommendations, by topic



Health Departments, Health Systems, Policy-Makers, and Others Use CPSTF Recommendations



New York: Increasing Cancer Screenings, Saving Lives

New York State Department of Health coordinated a CPSTF-recommended multicomponent program to increase the screening rates for breast, cervical, and colorectal cancers.

The Community Guide in ACTION
www.thecommunityguide.org

Mobilizing Funding Support to Battle Overweight and Obesity

Despite efforts to combat overweight and obesity, the American waistline continues to expand. In the last 20 years, obesity rates among adults and children have increased dramatically and remain high in communities across the country. Counties served by the Western Maryland Health System (WMHS) are no different; rates in these areas have risen steadily. To make a sustainable impact on obesity in their region, WMHS implemented a systematic health strategy that leveraged funding and partnerships. The findings and recommendations of the Community Preventive Services Task Force (CPSTF) in The Guide to Community Preventive Services (The Community Guide) provided the basis for an action strategy centered on behavioral, social, and environmental change. WMHS used an evidence-based approach to strengthen grant applications to obtain funding.

Local Health System Seeks Long-Term Solution
WMHS, a comprehensive healthcare organization serving six counties in Maryland.

"We looked to The Community Guide for direction and the best strategies, rather than doing the same things over and over without impact."

Mobilizing Funding Support to Battle Overweight and Obesity

Western Maryland Health System used CPSTF recommendations to systematically leverage funding and partnerships to reduce obesity in their region.

The Community Guide in ACTION
www.thecommunityguide.org

Planning a Strategy: Blueprint for Success in Reducing Tobacco Use

Tobacco use is the single most preventable cause of disease, disability, and death in the United States. In Nebraska, tobacco use claims thousands of lives and costs hundreds of millions of dollars every year. The City of Lincoln and Lancaster County used a number of recommendations from the Community Preventive Services Task Force (CPSTF) to build a plan that helped decrease tobacco use in the county and, eventually, across the state. The Lincoln-Lancaster County Health Department engaged community partners and stakeholders in a step-by-step approach that started with local education efforts and led to monumental statewide policy changes.

Tobacco Use Costs Lives
In Nebraska, tobacco use claims 2,200 lives and costs the state \$527 million for health care every year. It is projected that more than 16,000 Nebraska youth under the age of 18 will ultimately die prematurely from smoking. These

"We used almost everything the CPSTF recommended for reducing tobacco use, and we have seen success."

Blueprint for Success in Reducing Tobacco Use

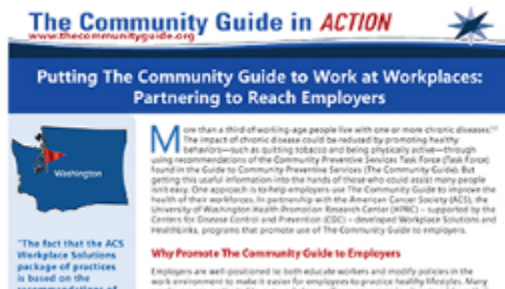
The City of Lincoln and Lancaster County, Nebraska used CPSTF recommendations to inform state-wide policy changes and reduce tobacco use and secondhand smoke exposure.

CPSTF Recommendations are Used in Schools, Worksites, and Communities



School Attendance and Health on the Rise with Hawai'i Keiki Program

Hawai'i Keiki provided schools with trained nurses and established CPSTF-recommended school-based health centers to offer students treatment and preventive health care.



Putting the Community Guide to Work at Workplaces: Partnering to Reach Employers

American Cancer Society and University of Washington (with support from CDC) developed Workplace Solutions and HealthLinks, programs based on CPSTF recommendations.



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

Community health centers partnered with the American Cancer Society to implement CPSTF recommendation for multicomponent interventions to increase colorectal cancer screening.

CPSTF Recommendations Advance Health Equity



Nevada Lawmakers Expand Full-Day Kindergarten Statewide to Promote Health Equity

Informed by CPSTF recommendation, researchers in Nevada did an assessment of full-day kindergarten that led to state to expand programs to all children in the state.



Community Cancer Screening Program: Implementing Interventions to Address Disparities

Cancer Coalition of South Georgia used CPSTF recommendations to reduce cancer-related disparities in a largely rural, medically underserved region in the state.



AMIGAS: Promoting Cervical Cancer Screening among Hispanic Women and Latinas

AMIGAS engaged community health workers to deliver a CPSTF-recommended intervention that doubled the rate of cervical cancer screening among Mexican-American women.

Four Key Components of CPSTF's Work

CPSTF reviews evidence and issues findings and recommendations for interventions to improve the health of populations

The **Community Guide** is the online publication of CPSTF findings and recommendations



Liaison organizations help develop and disseminate findings and recommendations

CDC's Community Guide Program conducts systematic reviews of the evidence, disseminates findings and maintains partnerships with users

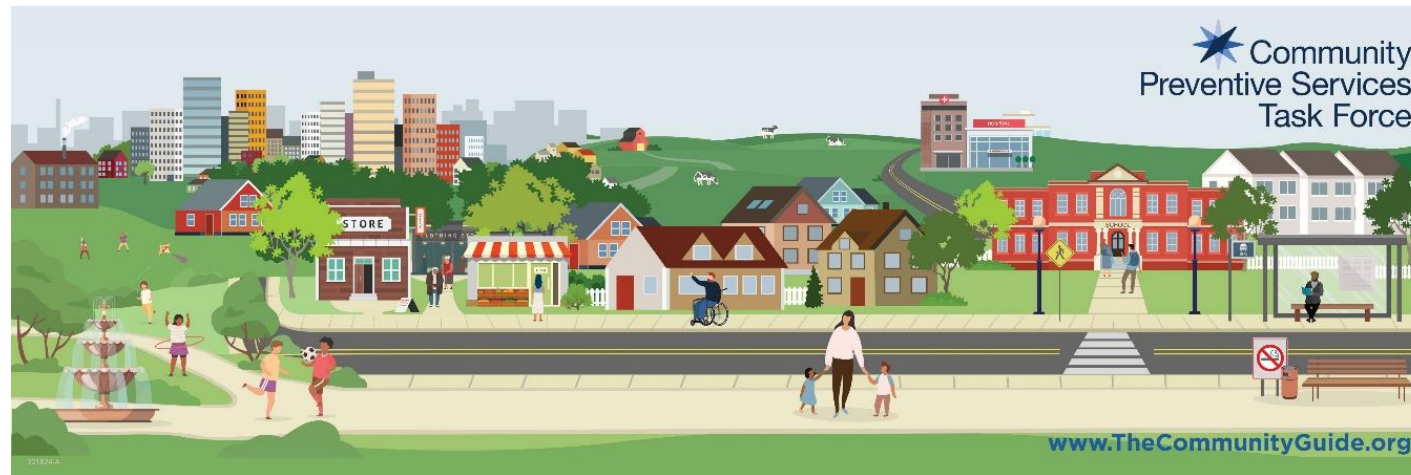
CPSTF Issues Recommendations and Findings Based on Evidence from Community Guide System Reviews

- Recommends an intervention if strong or sufficient evidence shows it is effective
- Recommends against an intervention if evidence shows it is ineffective or harmful (rare)
- Issues insufficient evidence finding if not enough evidence to determine an intervention's effectiveness
 - Does NOT mean that the intervention is not effective
 - DOES mean that additional research is needed to determine effectiveness



How Can CPSTF's Work Benefit You?

- Use CPSTF recommendations to inform public health activities and advance health equity in your community or organization
- Use CPSTF insufficient evidence findings to inform public health research






Current CPSTF Findings for Interventions to Increase Breast, Cervical, and Colorectal Cancer Screening

CPSTF Recommendations for Interventions to Increase Cancer Screening^{1,2}

Client-Oriented Interventions, Recommended

Client reminder (2010)			
One-on-one education (2010)			
Small media (2005)			
Reducing structural barriers (2010)			
Group education (2009)			
Reducing out-of-pocket costs (2009)			

-  Breast cancer screening
-  Cervical cancer screening
-  Colorectal cancer screening

1. [Cancer Findings Summary Table | The Community Guide](#)
 2. Insufficient evidence: client incentive; mass media

CPSTF Recommendations for Interventions to Increase Cancer Screening^{1,2}

Provider-Oriented Interventions, Recommended

Provider assessment and feedback (2009)



Provider reminder (2006)



Interventions that can Include Multiple Interventions, Recommended

Multicomponent interventions (2016)







Interventions engaging community health workers (2019)



Patient navigation services (2022)



-  Breast cancer screening
-  Cervical cancer screening
-  Colorectal cancer screening
-  Cost-effective

1. [Cancer Findings Summary Table | The Community Guide](#)

2. Insufficient evidence: provider incentive

Economic Findings for Patient Navigation Services to Increase Breast, Cervical, and Colorectal Cancer Screening

Presenter: Sajal Chattopadhyay

Intervention Definition Created by Community Guide Program¹

- Patient navigation services provided through healthcare systems help patients overcome barriers to accessing colorectal cancer screening. Services are offered to populations experiencing greater disparities in cancer screening, including people from historically disadvantaged racial and ethnic populations and people with lower incomes.
- Patient navigation services must include one or more of the following:
 - Provide client reminders²
 - Reduce structural barriers (e.g., reduce administrative barriers; assist with appointment scheduling, transportation, translation, or childcare; arrange alternative screening site or screening hours)²
 - Reduce patients' out-of-pocket costs²

1. [CPSTF Finding and Rationale Statement - Patient Navigation Services to Increase Breast, Cervical, and Colorectal Cancer Screenings and Advance Health Equity \(thecommunityguide.org\)](#)

2. Cancer Findings Summary Table | The Community Guide <https://www.thecommunityguide.org/content/task-force-findings-cancer-prevention-and-control#cancerscreening>

Intervention Definition Created by Community Guide Program, cont.¹

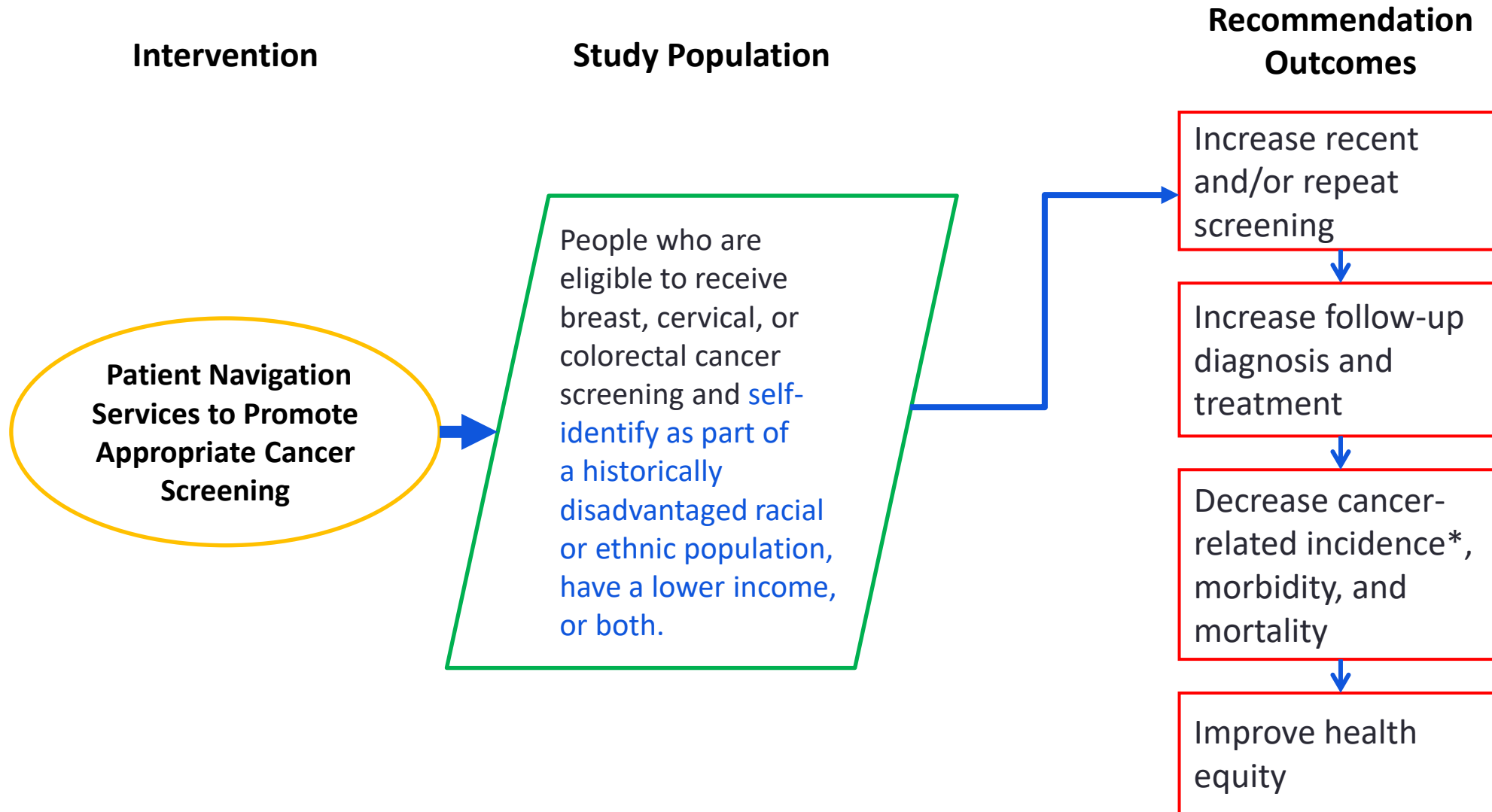
- Services may also provide one-on-one or group education to inform patients' understanding of cancer and cancer screening.
- Services may be delivered by community health workers, healthcare professionals, nurses, patient navigators, social workers, or others. They are often designed to be culturally- and language-appropriate.

1. [CPSTF Finding and Rationale Statement - Patient Navigation Services to Increase Breast, Cervical, and Colorectal Cancer Screenings and Advance Health Equity \(thecommunityguide.org\)](https://www.thecommunityguide.org/CPSTF-Finding-and-Rationale-Statement-Patient-Navigation-Services-to-Increase-Breast-Cervical-and-Colorectal-Cancer-Screenings-and-Advance-Health-Equity)

CPSTF Economic Finding for Breast and Cervical Cancer Screenings*

- Community Preventive Services Task Force (CPSTF) finds patient navigation services to increase breast cancer screening are cost-effective. Systematic review evidence shows estimates of cost per quality adjusted life year gained are below a conservative threshold of \$50,000.
- A systematic review of economic evidence did not identify enough studies to determine the cost-effectiveness of cervical cancer screening.

Analytic Framework: Patient Navigation Services to Increase Breast, Cervical, and Colorectal Cancer Screenings and Advance Health Equity



*Reduced incidence may not apply to all cancers

Economics Value

Intervention Cost

- Patient navigator wages and benefits*
- Patient recruitment
- Materials and supplies
- Supervision
- Training
- Overhead
- Cost of additional intervention

Intervention Benefits

Actual Change in Healthcare Cost

- Screening*
- Diagnosis*

Modeled Change in Healthcare Cost

- Cancer treatment*

Increased Productivity

Cost-effectiveness
(Net cost per QALY)

Cost-benefit
(Benefit to Cost Ratio, ROI)

[Methods Manual - Part 2: Economic Review Process | The Community Guide](#)

QALY, quality-adjusted life years; ROI, return on investment

*Cost and benefit drivers

Research Questions

- What is the cost to implement patient navigation services to increase screening for colorectal cancer?
- What is the incremental intervention cost per additional person screened?
- What are the economic benefits?
- How do intervention costs compare with benefits?
- What is the ROI?
- What is the incremental net cost per quality-adjusted life year (QALY) gained or disability-adjusted life year (DALY) averted?

Economic Review Methods

Adjustment and Use of Economic Estimates

- Standardization
 - Estimates expressed in per person terms.
 - Monetary values converted to 2022 U.S. Dollars.
- Quality of estimates included:
 - Drivers of costs and benefits.
 - Measurement methods.
- CPSTF economic finding
 - Evidence required for cost-benefit, ROI, or cost-effectiveness.

Modeling Cost-Effectiveness of Colorectal Cancer Screening

- QALYs/LYs are gained by:
 - Preventing cancer cases for colorectal cancer.
 - Reducing colorectal cancer mortalities.
 - Detecting cancers at earlier stages that have higher health utility values.
- Colorectal cancer treatment costs are averted by:
 - Removal of precancerous polyps before they turn into cancers.
 - Detection of cancers at earlier stages before they progress to terminal and more costly cancer stages.
- Both future QALYs/LYs gained, and costs are discounted to obtain present values.
- Sensitivity analyses are undertaken to address uncertainty of estimates.

Economic Review: Search Results

Search Yield (Database Inception to December 2022)



Search for Evidence

- 4,304 citations from the broad search
- 43 citations from reference lists and team member recommendations

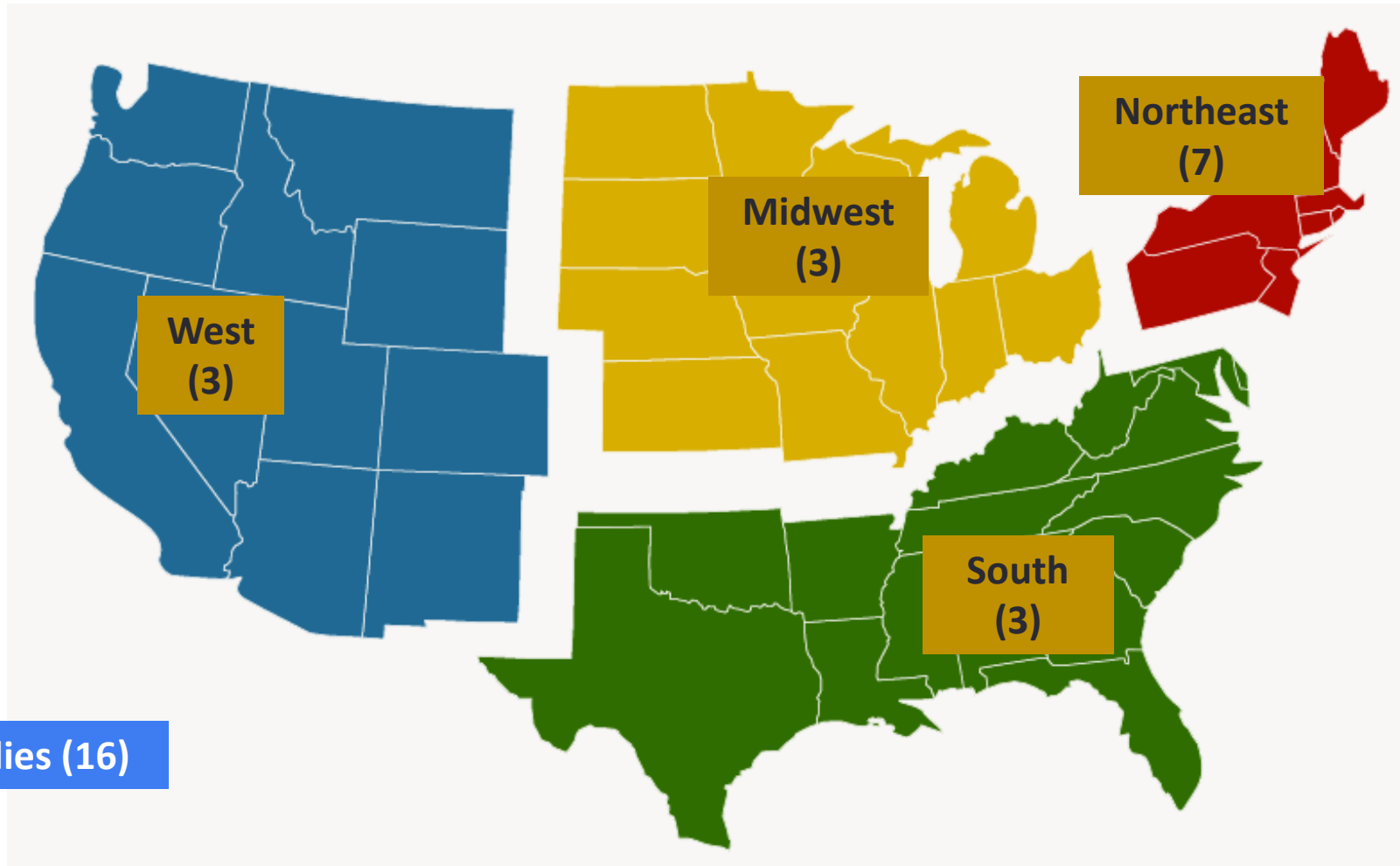
Screening for Included Studies

- 241 citations with full text screening
- Total of 24 studies included in the econ review

Screening for Included Studies

-  **Colorectal cancer: 17 studies**
-  Breast, cervical, or multiple cancers: 7 studies

Geographic Location of Included Studies (n=17)



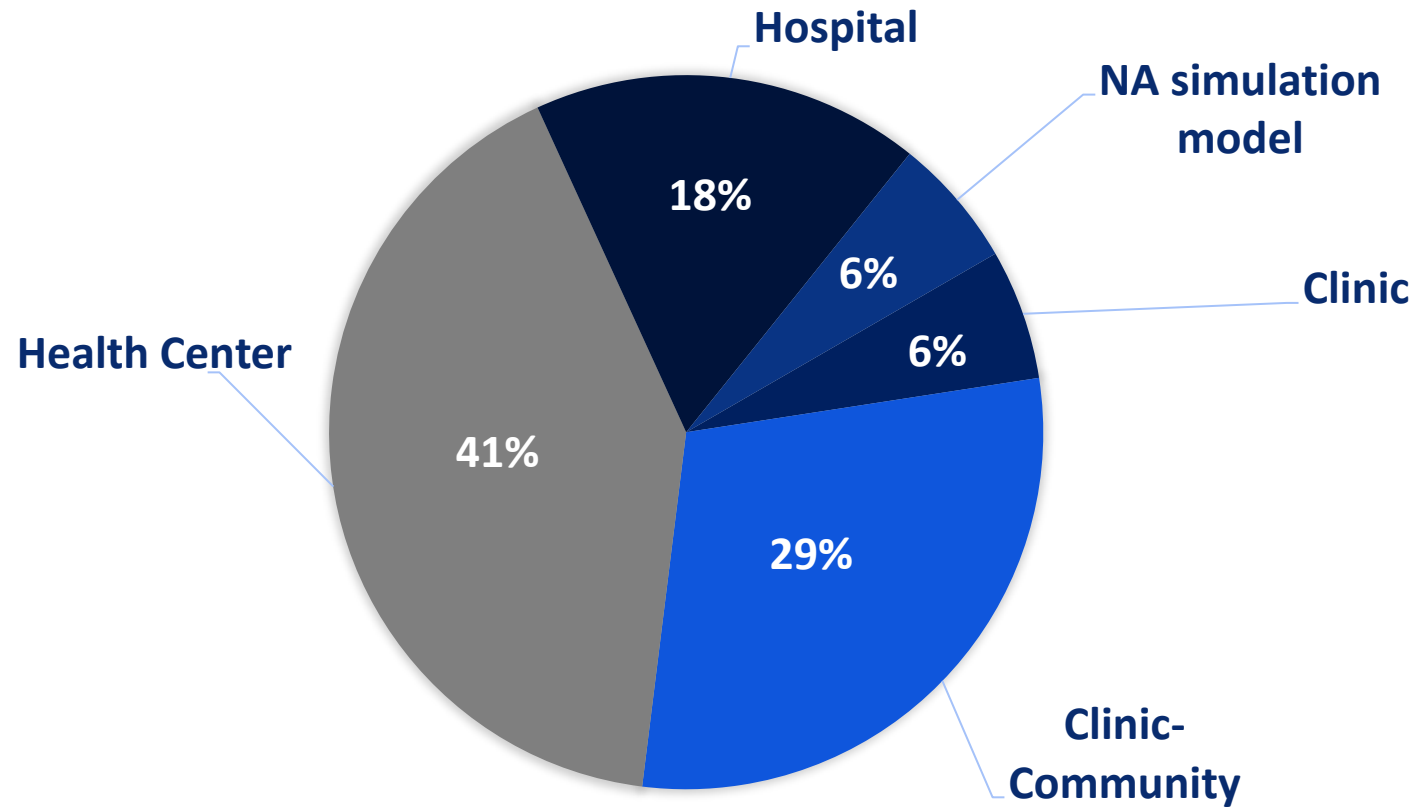
U.S. studies (16)



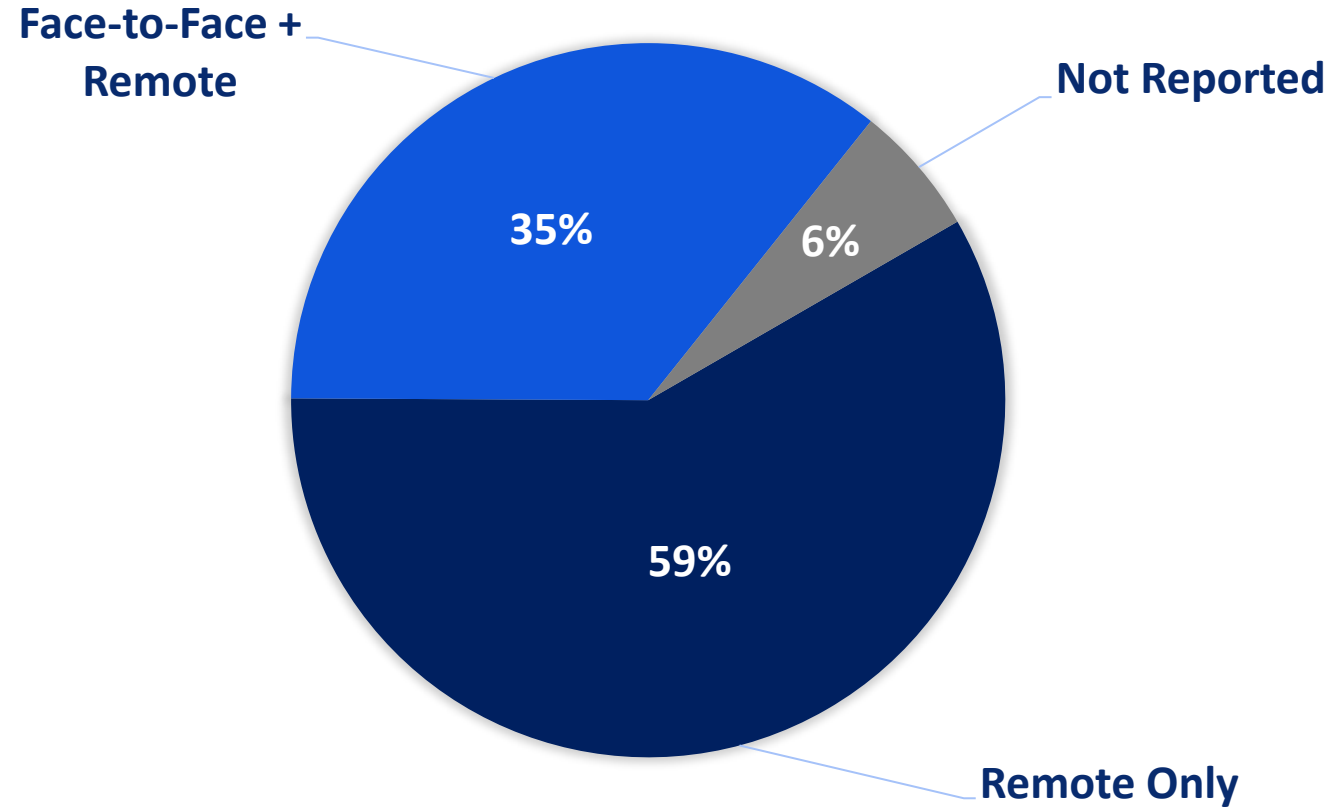
Population Density

- Urban: 11 studies
- Rural: 2 studies
- Urban and rural: 4 studies

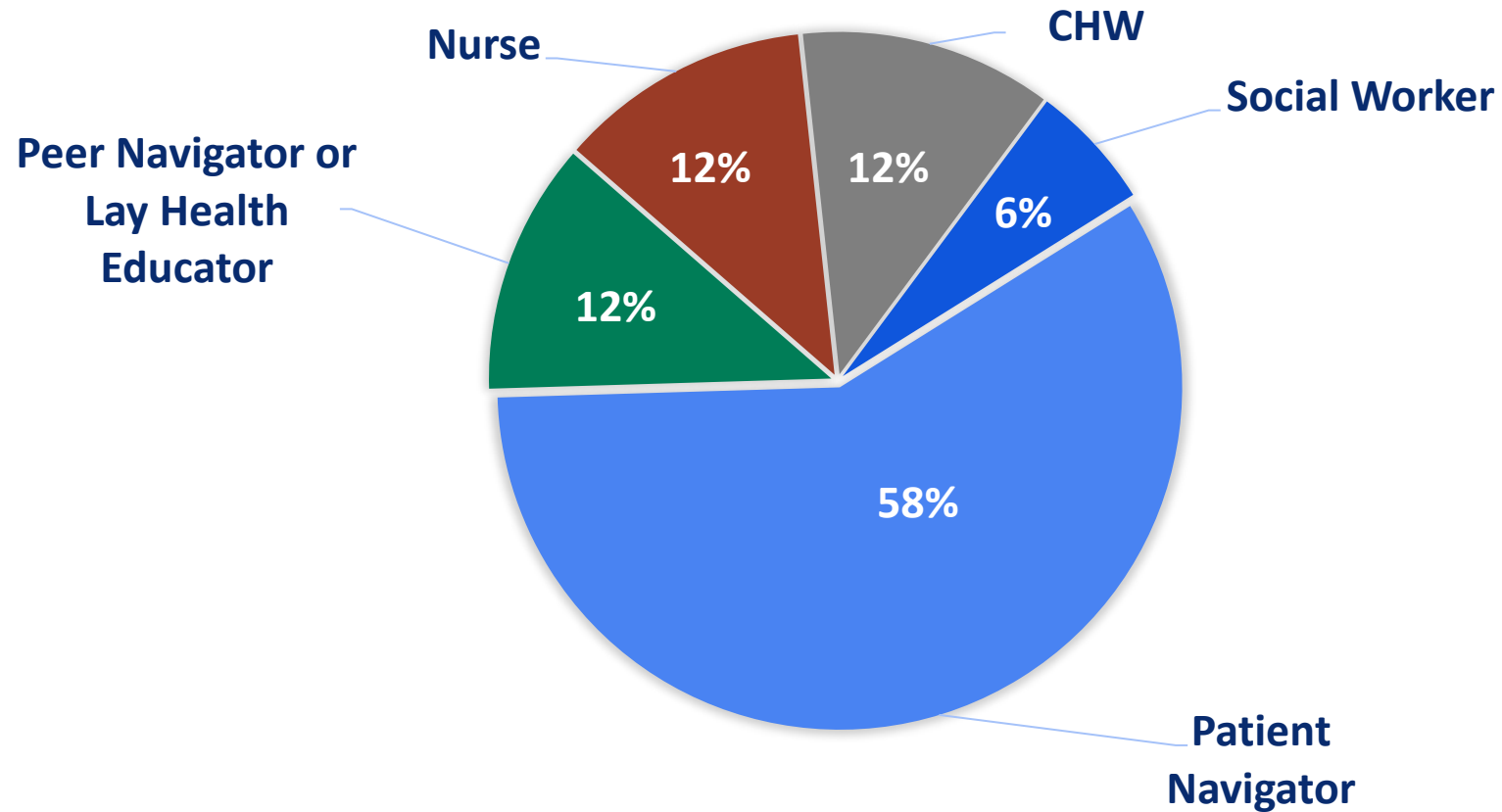
Setting of Intervention Delivery (n=17)



Interaction Between Service Deliverer and Patients (n=17)

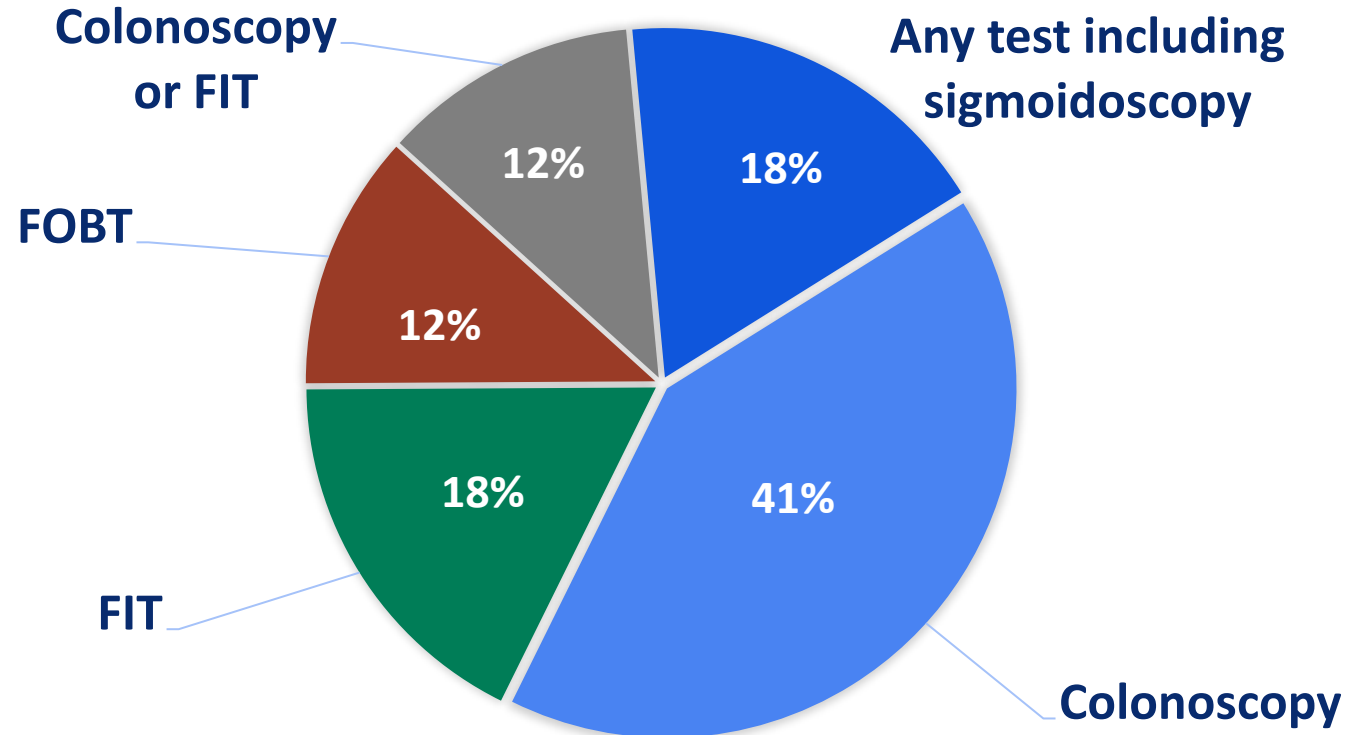


Types of Service Deliverer (n=17)



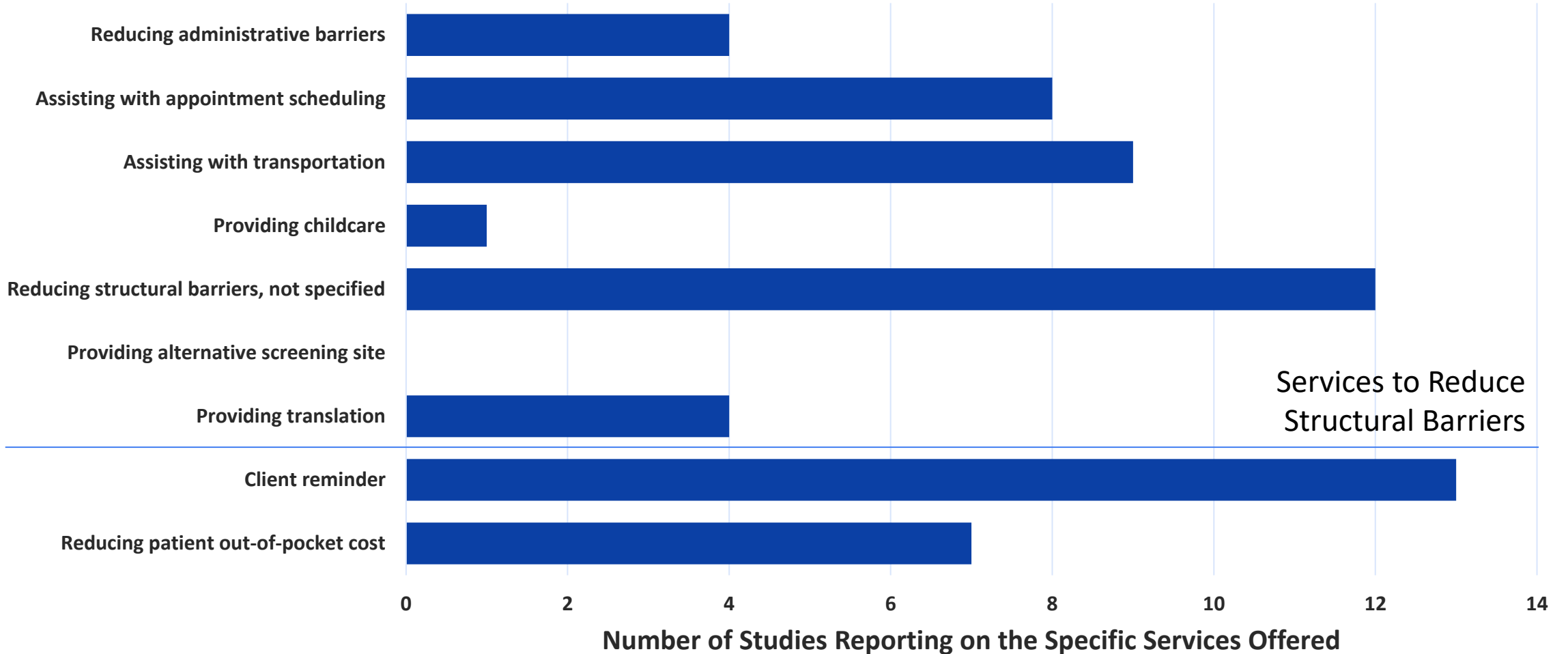
1. Other: case manager, preventive care manager, nurse manager
PN: patient navigator; CHW: community health worker

Types of Screening Tests (n=17)

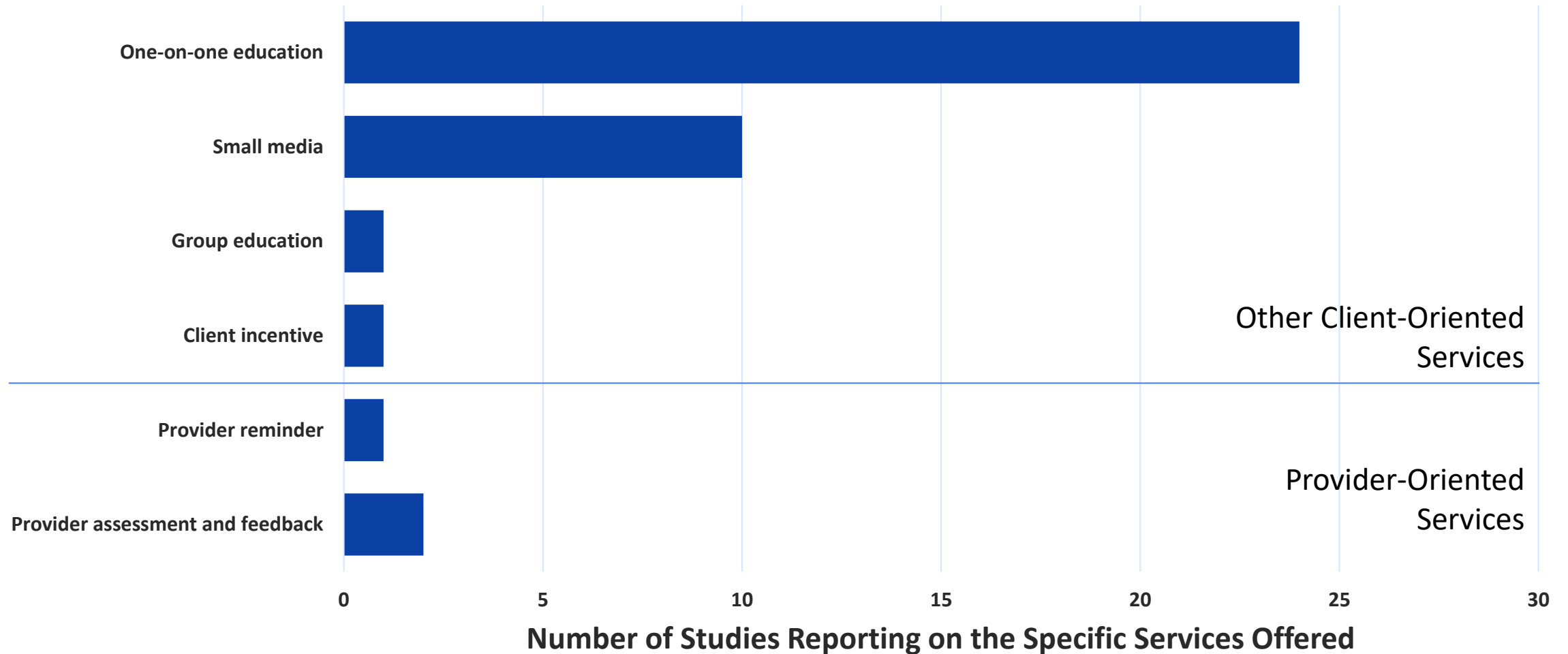


FOBT, fecal occult blood test; FIT, fecal immunochemical test

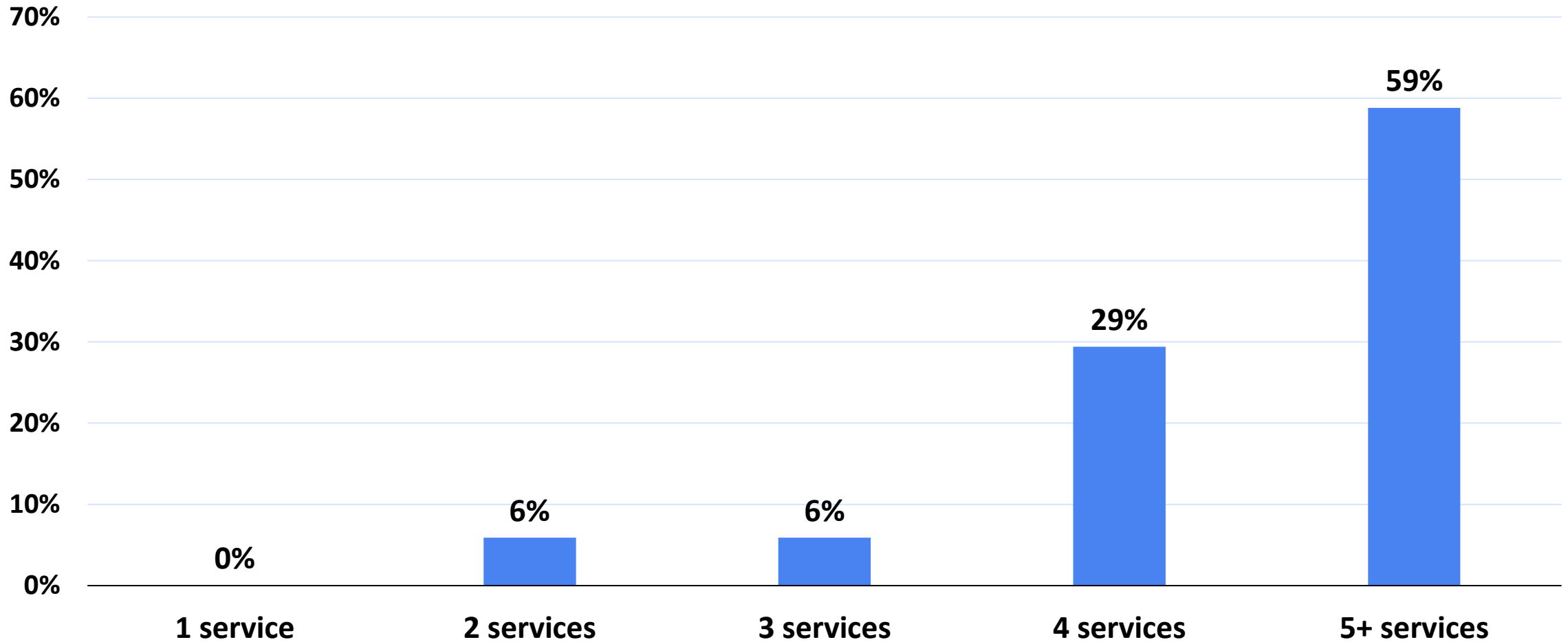
Patient Navigation Services Offered (n=17)



Types of Services Offered (n=17)



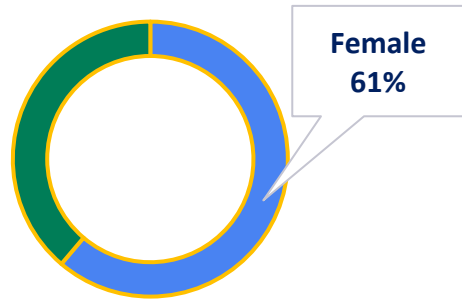
Number of Services Offered¹ (n=17)



1. Only services included in the intervention definition

Population Characteristics (n=17)

Gender



Median Age



Language



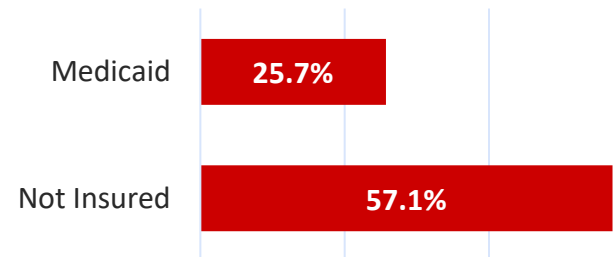
Three studies recruited participants who were not English speakers

Income



Six studies were focused on populations with lower income

Insurance

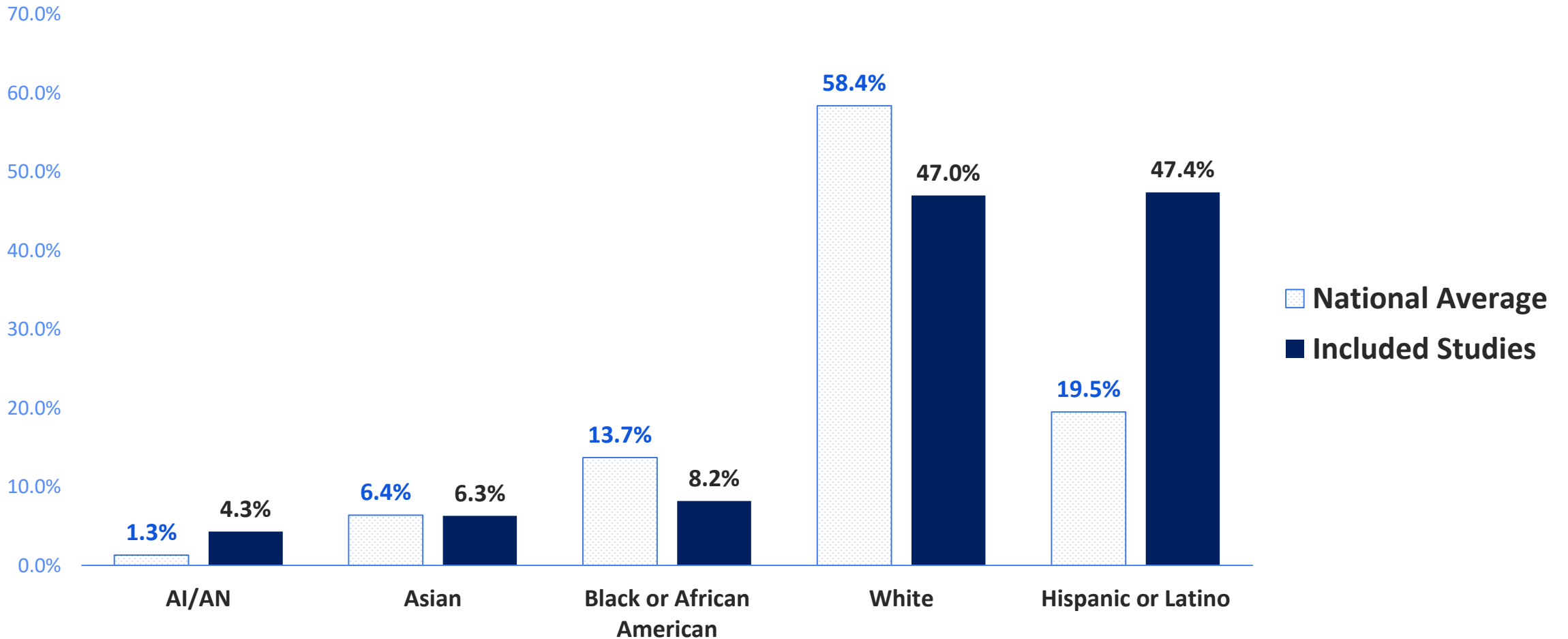


Education



69.3% less than high school diploma

Race and Ethnicity (n=16 U.S. Studies)



Studies not reporting on race and ethnicity: 1

[U.S. Census Bureau QuickFacts: United States](#)

AI/AN: American Indian and Alaska Native

Results: Intervention Cost

Intervention Cost by Number of Services Provided

Overall	≥5 Services	<5 Services
Median Cost per Person		
\$150 (16 studies)	\$268 (9 studies)	\$74 (7 studies)
Median Cost per Additional Person Screened		
\$663 (17 studies)	\$885 (10 studies)	\$369 (7 studies)

Return on Investment

Return of Investment (ROI) Perspective

- $$\text{ROI} = \left[\frac{\text{Earnings from screenings} - \text{Intervention costs}}{\text{Intervention costs}} \right] \times 100$$
- Clinics, hospitals, and facilities are interested in ROI to cover:
 - Cost of building and maintaining endoscopy suites.
 - Reimbursement for patient navigators.
- Types of ROI estimates:
 - Cost per additional person screened compared to Medicare reimbursement for colonoscopy screening.
 - Cost per additional person screened compared to additional colonoscopy revenues for colonoscopy screening generated from all sources of insurance.

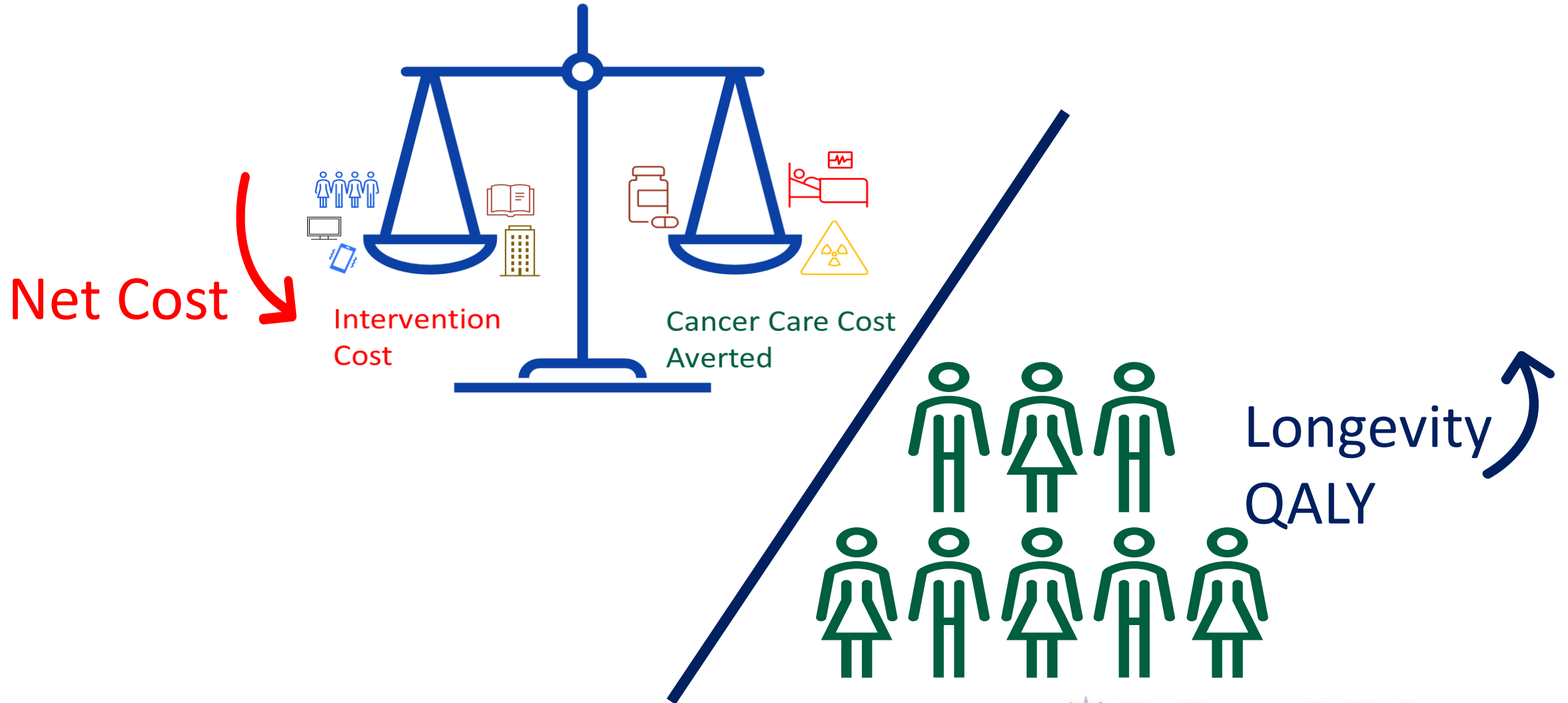
Screening for Colorectal Cancer: ROI (n=3)

Study	Intervention cost	Reimbursement or Revenue	ROI (%) ¹ (Quality of Estimate)
Elkin 2012	Hospital A: \$989 Hospital B: \$1,661 Hospital C: \$946	\$1,012 (Medicare reimbursement)	Hospital A: 2.3%, Hospital B -39.1%, Hospital C: 6.9% (Good)
Rice 2019	Endoscopy center scenario: \$699 Public health program scenario: \$924	\$939 (Medicare reimbursement)	Endoscopy center scenario: 34.5% Public health program scenario: 1.7% (Good)
Jandorf 2013	\$19,135	\$129,955 (Revenue from colonoscopy)	579.1% (Good)

¹ROI = {[Column 3 – Column 2]/Column 2} * 100

Results: Cost-Effectiveness

Cost-effectiveness



Screening for Colorectal Cancer: Cost-Effectiveness (n=3)

Study	Net Cost per Patient	QALY Gained per Patient	Net Cost per QALY Gained (Quality of Estimate)
Davis 2019	\$42	0.013 life years gained	\$3,231 per life year gained (\leq \$12,293 per QALY gained) (Fair)
Ladabaum 2015	-\$173	0.014	Dominant ¹ (Good)
Wilson 2015	-\$1,442	0.310	Dominant ¹ (Good)

¹ Intervention resulted in cost-saving and increase in life years lived.
QALY: quality-adjusted life years

Summary of Results

Summary of Results: Colorectal Cancer Screening

Economic Outcome	Number of Studies	Estimate
Intervention cost per person	16	Median: \$150 (IQI: \$58, \$340)
Intervention cost per additional person screened	17	Median: \$663 (IQI: \$202, \$1711)
Return on Investment	3	Favorable ROI Median: 4.6% (IQI: 1.8%, 27.6%)
Net cost per QALY gained	2	Dominant¹ - Cost-effective
Net cost per life year gained	1	\$ 3,231 - Cost-effective based on translation to cost per QALY gained (≤ \$12,293 per QALY gained)

¹ Intervention resulted in cost-saving and increase in life years lived.

QALY, quality-adjusted life years

IQI: Interquartile interval

**Recommended
July 2022**

CPSTF recommends patient navigation services to increase colorectal cancer screening by colonoscopy, fecal occult blood test (FOBT) or fecal immunochemical test (FIT), among historically disadvantaged racial and ethnic populations and people with lower incomes.

The CPSTF finds these services are cost-effective and the return on investment is favorable for screening by colonoscopy.

What are patient navigation services?

Healthcare systems provide these services that include client reminders, reduced structural barriers or improved assistance getting around them or reduced out-of-pocket costs.

Major Findings

These interventions increased colorectal cancer screening by a median of 13.6 percentage points.

The intervention is cost-effective based on QALY \leq \$50,000 and the return on investment is favorable for colonoscopy since the estimated value of reimbursement exceed the cost.

Why is this important?

Screening rates are lower among people from historically disadvantaged racial and ethnic groups, people with lower incomes and people who are uninsured.

Learn more: www.thecommunityguide.org/findings/cancer-screening-patient-navigation-services-to-increase-colorectal-cancer-screening.html

Economic Review Evidence Gaps

What is the cost-effectiveness of intervention for the following?

- Population subgroups that were underrepresented in this review, including African Americans
- Colorectal cancer screening using other USPSTF-recommended tests, such as the stool DNA test, flexible sigmoidoscopy, or computed tomography colonography
- For adults aged 45-49 years following updates from the USPSTF that lowered the starting age for colorectal cancer screenings

Our finding is based on screening using colonoscopy. How does this compare with that of annual FOBT/FIT screening followed by diagnostic colonoscopy?

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CPSTF Finds Patient Navigation Services to Increase Colorectal Cancer Screenings are Cost-effective

Systematic economic review shows patient navigation services to increase colorectal cancer screenings are cost-effective and have favorable return on investment to increase colorectal cancer screening by colonoscopy.





The Community Guide

Thank You!

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



References: Included studies

Included Studies

1. Baker DW, Brown T, Buchanan DR, Weil J, Balsley K, Ranalli L, et al. Comparative effectiveness of a multifaceted intervention to improve adherence to annual colorectal cancer screening in community health centers: a randomized clinical trial. *JAMA internal medicine* 2014;174(8):1235-1241.
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Centers for Disease Control and Prevention (CDC) Division of Cancer Prevention and Control (DCPC)

Elizabeth A. Rohan, PhD, MSW

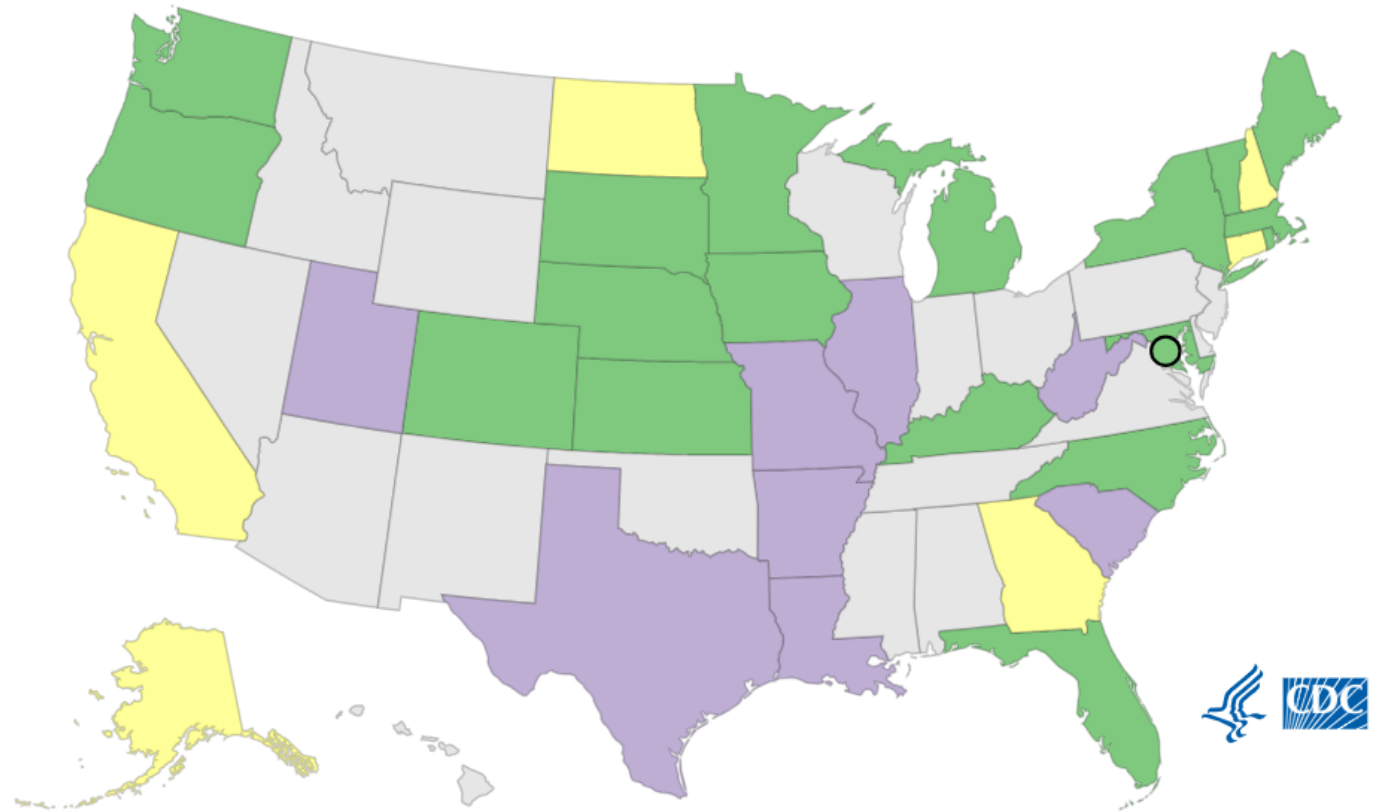
Here's What it Looks Like: Examples of How
DCPC-funded Programs Engage PNs in
Colorectal Cancer Screening Efforts



2020 to 2025 award recipients

CDC's Colorectal Cancer Control Program (CRCCP)

<https://www.cdc.gov/colorectal-cancer-control/about/contact.html>



Award Recipient Type

Not pictured: Alaska Native Tribal Health Consortium and Inter-Tribal Council of Michigan

● State Health Department

● University

● Other



Patient Navigation is Highly Recommended in CRCPP

- Patient navigation may be used to:
 - reduce barriers to screening
 - facilitate completion of diagnostic services
- Priority is given to low-income populations



Patient Navigation Activities in CRCCP Must Include:

DP22-2202 CRCCP Program Manual

1. Assessment of individual patient barriers to cancer screening, diagnostic services, and initiation of cancer treatment
2. Patient education and support
3. Resolution of patient barriers (e.g., transportation, translation services)
4. Patient tracking and follow-up to monitor patient progress in completing screening, diagnostic testing, and initiating cancer treatment

PN also has associated Minimum data elements (MDEs).

Patient Navigation Activities in CRCCP (cont.'d)

DP22-2202 CRCCP Program Manual

5. A minimum of **two**, but preferably more, contacts with the patient, due to the centrality of the patient-navigator relationship.
6. Collection of data to evaluate the primary outcomes of patient navigation – cancer screening and/or diagnostic testing, final diagnosis, and treatment initiation if needed.

New Strategies
Bring Big Rewards
in Florida |
Colorectal Cancer
Control Program
| CDC

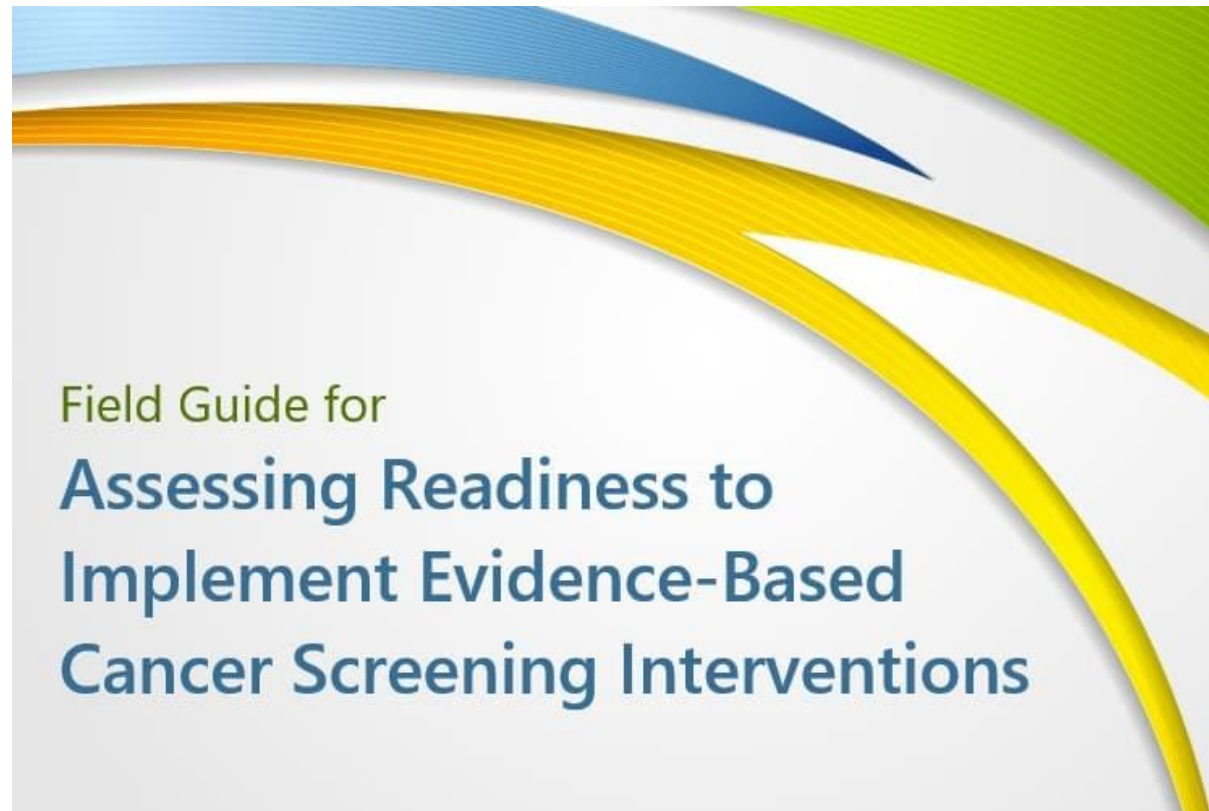


Iowa Get Screened: Colorectal Cancer Program



Field Guide for Assessing Readiness to Implement Evidence-Based Cancer Screening Interventions | CRCCP | CDC

Developed for CRCCP, this guide can be adapted for use by cancer screening programs assess clinic-level readiness to implement EBIs.





NATIONAL
Comprehensive
Cancer Control
PROGRAM

Collaborating to Conquer Cancer

Funds **All 50** states + D.C., **7** U.S. Associated pacific islands/territories and **8** tribal organizations

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National Comprehensive Cancer Control Programs and Coalitions Support & Promote PN



Collaborate

National Comprehensive Cancer Control Programs and Coalitions Support & Promote PN



Collaborate



Assess Community needs

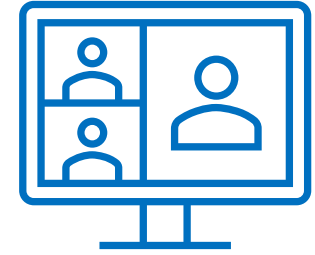
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Assess Community needs



Train Navigators

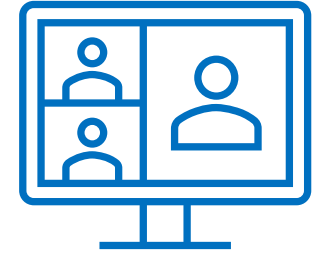
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Assess Community needs



Train Navigators



Establish PN Networks

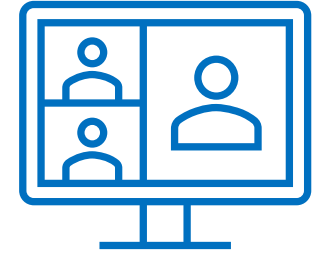
National Comprehensive Cancer Control Programs and Coalitions Support & Promote PN



Collaborate



Assess Community needs



Train Navigators



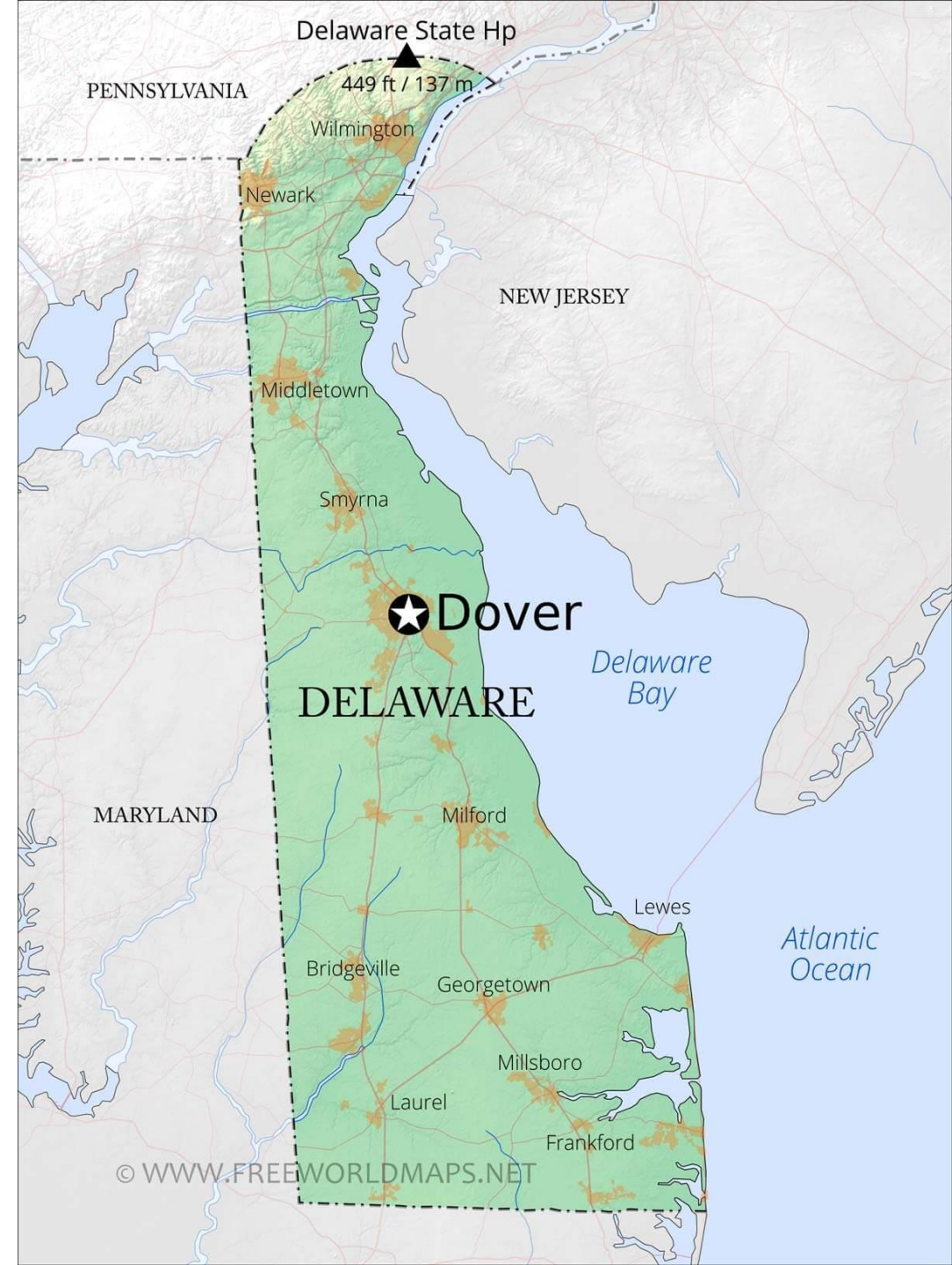
Establish PN Networks



Educate Others

Delaware

- Executing a contract with hospital health systems and FQHCS to deploy nurse navigators that will assess and address barriers to screening.
- Engaging patient navigators at FQHCs to contact and remind clients who are out of compliance with USPTF screening recommendations.



Massachusetts

- Integrating cancer screening modules into the training program of the Community Health Workers for Resilient Communities (another CDC-funded program) sites.



Oncology Patient Navigation Training Fundamentals



<https://bit.ly/PNTraining>



”

GW

“THE ROLE OF A NAVIGATOR IS SO MUCH MORE THAN JUST OFFERING SUPPORT.”

PATIENT NAVIGATOR TRAINING PARTICIPANT

FREE ONLINE COURSE

Created and maintained with support from CDC (#U38DP004972, #NU58DP006461 and #NU58DP007539).

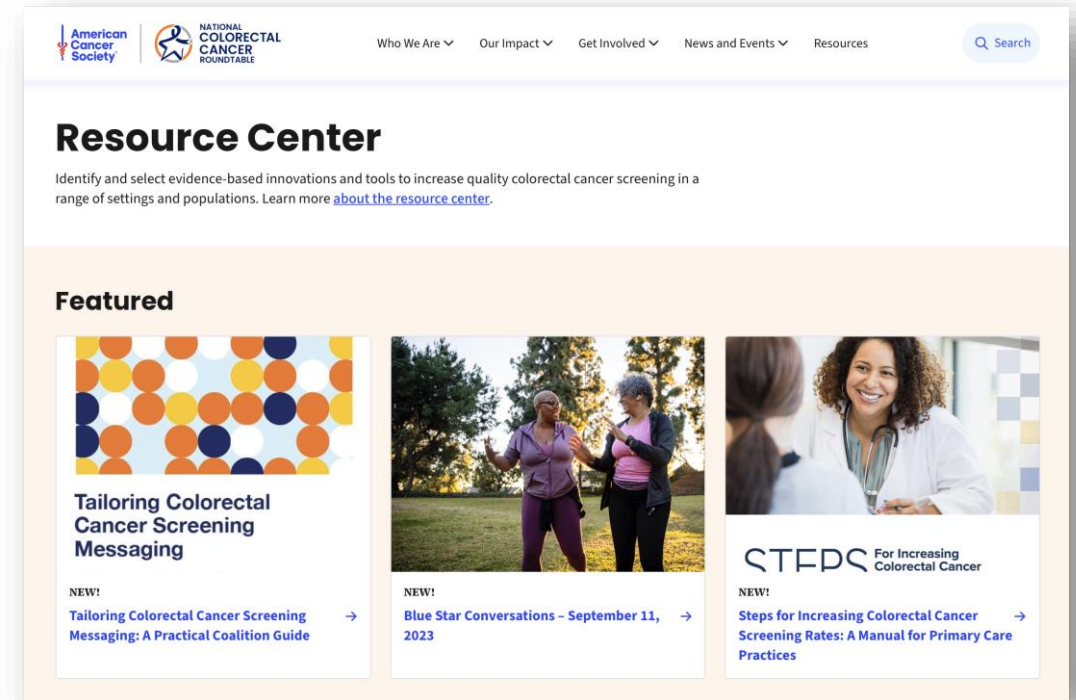
Please post any questions in the Question box located in the ZOOM panel at the bottom of your screen.



Questions and Answers

ACS NCCRT Website & Resource Center

The **ACS NCCRT Website & Resource Center** contains evidence-based resources and tools to help you increase quality colorectal cancer screening in a range of settings and populations.



nccrt.org/resource-center

Signature Resources Spotlight

1

Steps for Increasing Colorectal Cancer Screening Rates:
A Manual for Primary Care Practices

2

Tailoring Colorectal Cancer Screening Messaging:
A practical Coalition Guide

3

Lead Time Messaging Guidebook: A Tool for Encouraging
On-Time Colorectal Cancer Screening



Your One-Stop-Shop for Coalition Resources from Across ACS




American Cancer Society Technical Assistance for CCC Programs and Coalitions

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As a training and technical assistance provider of the Centers for Disease Control and Prevention (CDC) National Comprehensive Cancer Control Program, ACS offers this website, compiling ACS events and resources for your cancer coalition efforts.



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Thank You