

# DRAFT

## CANCER PLAN: COLORECTAL CANCER May 26, 2009

**(Text introduction to this chapter will be developed separately)**

**OBJECTIVE:** By 2015, *xx %\** of Coloradans ages 50 and older will be in compliance with ACS colorectal cancer screening guidelines.

*\* waiting for current BRFSS data to determine number*

### **Strategies for the Public:**

- Facilitate/encourage public awareness at the local level, across all populations, about colorectal cancer
  - Include messages both for average risk persons and for persons at higher risk due to their family history of colorectal cancer or adenomas
  - Engage advocates, such as survivors and navigators in development (Jill and distribution of messaging
  - Include messaging to incorporate disease risk reduction, such as lifestyle changes
  - Make messaging fit with messaging from other organizations in Colorado and nationally, including ACS guidelines.
  - Determine outreach to a younger population to increase awareness
  - Include messaging to ensure public awareness about new Colorado legislation mandating colorectal cancer screening
- Implement a small grants program to assist local public health organizations in awareness campaigns
- Hold regular meetings with key stakeholders to update progress and introduce newer strategies.

Dennis – coordinate lifestyle messaging with other organizations, such as CO Move, that have similar goals and explicitly include that in the plan.

### **Strategies for Providers:**

- Continue statewide educational campaign to increase knowledge of Colorado health care providers about colorectal screening options:
  - Address the issue of family history
  - Communicate CCGC/ACS screening guidelines

Dennis – Add USPSG

- Encourage practice changes to better facilitate increased screening through measures such as:

- Patient education on importance of screening and what is involved
- Patient navigation – scheduling, education, coordinate services, assistance with barriers to screening, follow-up
- Inreach to applicable patient population

Dennis – Help develop tools that physicians can use to reach high risk populations  
New strategy: Providers and/or HC systems - Issues related to quality of any screening test, primarily endoscopy. Emphasis to incorporate these into practice.

#### **Strategies for Health Care Systems:**

- Collaborate with health insurers, Colorado Business Group on Health and Association of Health Plans to increase screening rates among their insured, particularly the underinsured. Address co-pays
- Sustain funding for a program to provide colorectal screening for uninsured and underinsured Coloradans.
- Jill – Collaborate with employers to improve benefit selection and reduce/eliminate cost barriers for CRC screening
- Work to assure adequate capacity in Colorado for colorectal screening services:
  - Work to encourage lower fees for self-pay patients
  - Increase capacity in rural Colorado and ensure high quality screenings
  - Medical home, primary care environment - to promote preventative colorectal screening

#### **Strategies for Policy/Advocacy:**

- Ensure screening for uninsured and undocumented Coloradans.
- Engage survivors, family members to become advocates for education and screening
- Develop messaging addressed to legislators, funders, insurers, employers, etc. creating the business case for screening

**NOTE to reviewers:** Links will be included to other chapters providing information on:

- Quality of Life – Survivorship
- Health Disparities – Patient Navigation
- Prevention & Health Lifestyles – Nutrition and physical activity
- Genetics – Family History