

# American Cancer Society and Primary Care Health Centers: Saving Lives through Cancer Screening

The State & Primary Care Health Systems Manager (SPCHS Manager) at the American Cancer Society (ACS) collaborates with community health centers, health center consortia, local health departments, and managed care plans to increase cancer screening rates and HPV vaccinations to ultimately reduce cancer incidence and mortality and improve the quality of services for patients.

## SPCHS Managers are:

- **Creative and flexible.** SPCHS managers work primarily with safety net systems they understand how to get quality work done with limited capacity and funding.
- **Trained Quality Improvement (QI) facilitators.** They are external facilitators who are strategic in approach and practical in application, focusing on scalability and sustainability of health care delivery improvements.
- **In-kind support.** Technical assistance from SPCHS Managers, just like other ACS services, is free-of-charge.

## Examples of SPCHS Manager support:

- **Facilitating a QI process.** SPCHS Managers work with health system staff on any scope of QI initiatives, from assisting current QI staff as a content expert to more intensive external QI coaching.
  - SPCHS Managers utilize a variety of tools to focus the work, such as assessments, driver diagrams, PDSA cycles, and run charts.
  - Examples of evidence-based interventions (EBIs) that cancer screening QI work may include: client and/or provider reminders, provider assessment and feedback, EHR and population management software configuration, and streamlining clinic policies and system practices.
  - SPCHS Managers assist in facilitating the project process and encourage monthly meetings to track data metrics, troubleshoot challenges, and celebrate successes.
- **Providing materials.** ACS provides culturally appropriate materials, such as client reminders (phone scripts, reminder letters, and screening reminder postcards), patient education materials, and posters. Many of these materials include the option for co-branding with the health system logo. Provider materials are also available with up-to-date screening recommendations, tips for how to have patient discussions, and more.
- **Coordinating trainings.** SPCHS Managers help coordinate in-service trainings at the appropriate content level for staff. Trainings may be conducted by an expert internal or external to the health center. Trainings are often provided in the form of lunch and learns or can be tailored to fit pre-existing meetings. Topical areas focus on Cancer 101, why cancer screenings are important, screening recommendations, and how to talk to patients.
- **Sharing best practices.** Literature emerges frequently with new findings for evidence-based practices in cancer control. ACS curates up-to-date information to share with health systems. SPCHS Managers also cultivate local information sharing among health systems and community partners, including invitations to regional ACS events.
- **Funding and awards.** When available, health systems are alerted to funding opportunities both from ACS and our partners. For health systems engaged with ACS on a project, awards may be given to staff when milestones are achieved in recognition of their accomplishments.

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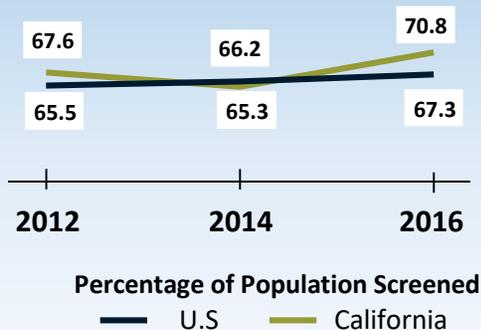
cancer.org | 1.800.227.2345

# Colorectal Cancer (CRC) Screening in California

Behavioral Risk Factor Surveillance System - 2016

## CRC screening test use\* in California has increased since 2012.

In 2016, 70.8% of age-eligible residents had a current CRC screening test. 3.1 million residents were not currently screened. While overall screening test use increased, Hispanic/Latinos lagged behind African Americans and whites when it came to having a current screening test. Screening occurred more frequently in women and people aged 65 to 75, who were likely insured by Medicare.



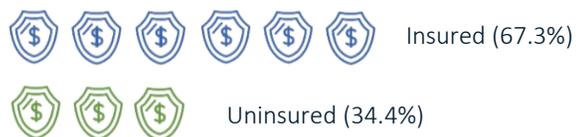
### CRC screening test use, by race/ethnicity:



### CRC screening test use, by sex:



### CRC screening test use, by insurance status:



### CRC screening test use, by age:



Men and women aged 65 to 75 years were eligible for Medicare insurance.

\*Proportion of people who reported completing a screening test for CRC among all people who could be screened based on age (50 – 75 years). People who were current with CRC screening in 2016 either received a home-based blood stool test within the past year; a colonoscopy within the past 10 years; or sigmoidoscopy within the past 5 years combined with a blood stool test within in the past 3 years (2008 US Preventive Services Task Force Recommendations).

Footnotes:

Prevalence of screening test use account for the differences in age among states; estimates based on small numbers not shown. The U.S. CRC screening test use prevalence estimate excludes Puerto Rico.

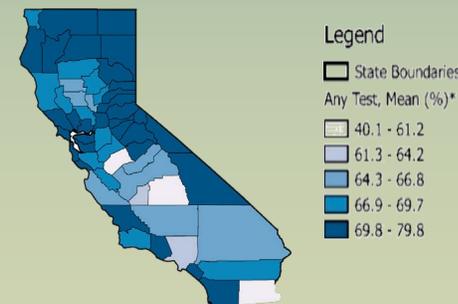
Self-reported screening test use comes from CDC's Behavioral Risk Factor Surveillance System, 2016.

Population estimates for states and D.C. are from CDC's National Center for Health Statistics (released 6/26/2017).

Available on [CDC WONDER](#)

Population estimates for Puerto Rico are from the [U.S. Census Bureau](#), Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2016 (Release Date: June 2017).

### Estimated CRC Screening Test Use by County, 2014



County-level CRC testing prevalence was derived from small-area estimate models (Berkowitz, et al. CEBP 2018)

### Factors that affect CRC screening:

Data on factors—such as poverty, educational level, and insurance status—that affect who gets CRC screening tests are available at [statecancerprofiles.cancer.gov](http://statecancerprofiles.cancer.gov)

CRC Screening Info and Resources:

[www.cdc.gov/cancer/ncccp](http://www.cdc.gov/cancer/ncccp)

[www.cdc.gov/cancer/crccp](http://www.cdc.gov/cancer/crccp)

Learn more about CRC incidence and mortality at [CDC's Cancer Data Visualizations Tool](#).



Collaborating to Conquer Cancer



**Centers for Disease Control and Prevention**  
National Center for Chronic Disease Prevention and Health Promotion