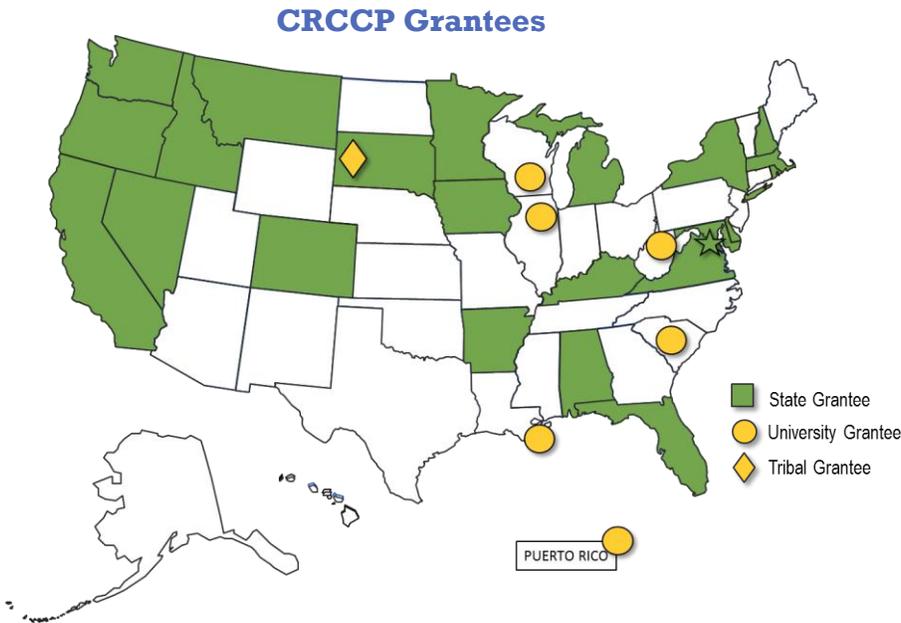


In July 2015, the Centers for Disease Control and Prevention (CDC) provided \$23 million in funding to 30 state, university, and tribal grantees to carry out the Colorectal Cancer Control Program (CRCCP) over a 5-year period. CRCCP grantees partner with health systems and clinics serving high-need populations to implement evidence-based interventions (EBIs) and other supporting activities to increase colorectal cancer (CRC) screening rates.



What is the burden of colorectal cancer (CRC)?

CRC is a leading cause of cancer-related death in the United States. Although screening reduces CRC incidence and mortality, only 67% of adults aged 50 to 75 years are currently up-to-date with screening.

What are EBIs?

Evidence-based interventions (EBIs) are services, programs, or policies proven to be effective in improving CRC screening rates. The US Preventive Services Task Force recommendations on evidence-based practice are available on the Guide to Community Preventive Services website: www.thecommunityguide.org.

What did CRCCP achieve in Year 1?

In Year 1, CRCCP grantees recruited more than 400 clinics that serve over 700,000 patients aged 50 to 75 years to implement EBIs. On average, partner clinic CRC screening rates increased 4.4 percentage points in Year 1, from 42.9% at baseline to 47.3%. In contrast, screening rates among FQHCs nationally, increased just 1.6 percentage points from 2015-2016.



413
Clinics



140
Health
Systems



3,438
Providers



722,925
Patients,
aged 50 to 75

4.4%
INCREASE
IN CRC
SCREENING
RATES



A CLOSER LOOK AT CRCCP PARTNER CLINICS

72%

are Federally-Qualified
Health Centers (FQHCs)

31%

serve high percentages
of uninsured patients
(≥20%)

53%

use FOBT/FIT tests as
the primary CRC
screening test type

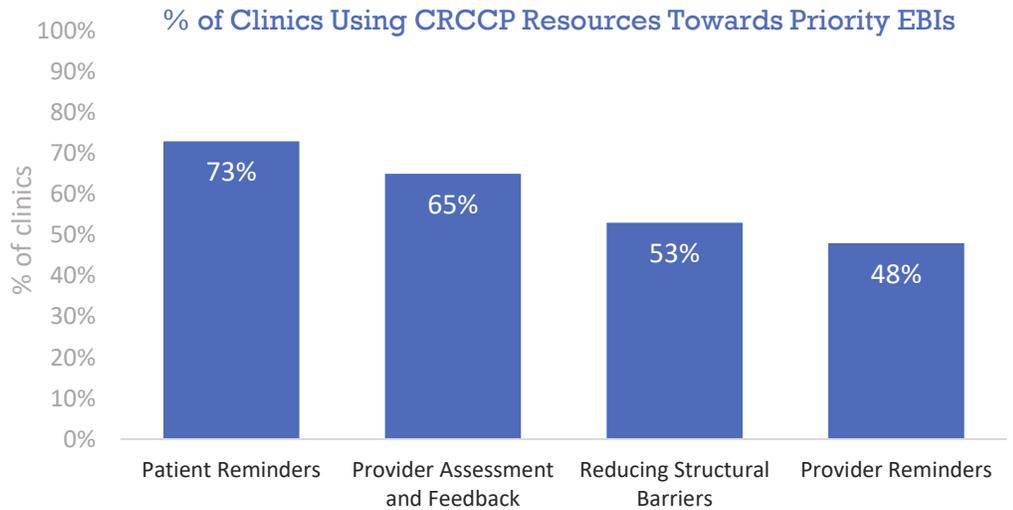


How did CRCCP increase screening rates in Year 1?

Priority EBIs

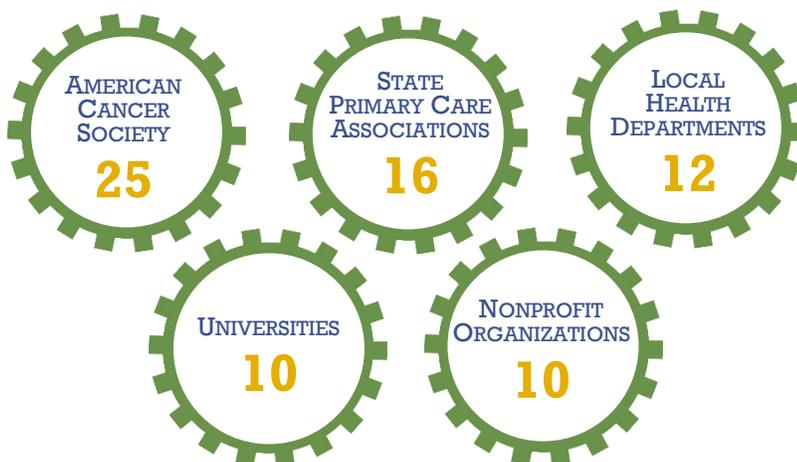
To increase CRC screening, CRCCP grantees work with clinics to start or enhance up to four priority EBIs identified on the Guide to Community Preventive Services website.

In Year 1, grantees most often used CRCCP resources towards patient reminder systems, followed by provider assessment and feedback, reducing structural barriers, and provider reminders.



Partnerships

In addition to clinics, CRCCP grantees work with other organizations to implement their programs. The most common partners and the number of grantees who partnered with each in Year 1 are shown below.



Partner Activities

Partners conducted a variety of activities in Year 1. The five most frequently reported activities were:

1. Provider education and professional development.
2. Quality improvement.
3. Health information technology to improve electronic health record systems.
4. Patient reminders.
5. Small media.

What have we learned?

- Grantees **successfully launched this evidence-based, public health model** for increasing CRC screening rates in clinics serving high-need populations.
- The CRCCP has the **potential for significant impact** as grantees continue to recruit new clinics.
- **Partnerships are important** to successful CRCCP implementation.
- Grantees must work closely with clinics to **improve electronic health records** and reliability of screening rate data.