# Building Resilient Frameworks for Cancer Prevention and Control

Sallyann Coleman King, MD, MSc CAPT USPHS Medical Director, CRCCP Division of Cancer Prevention and Control

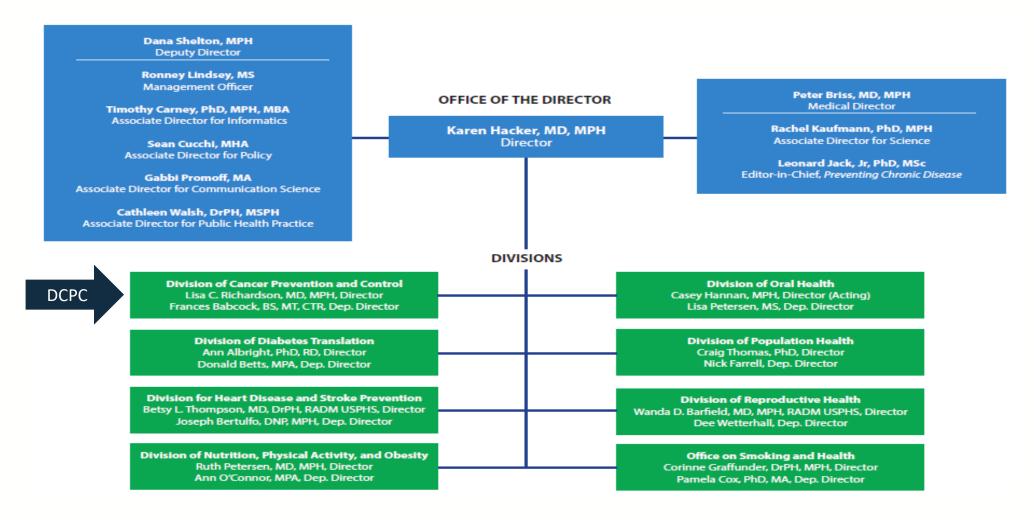
NACHC Elevate September 2022



## CDC's Chronic Disease Expertise



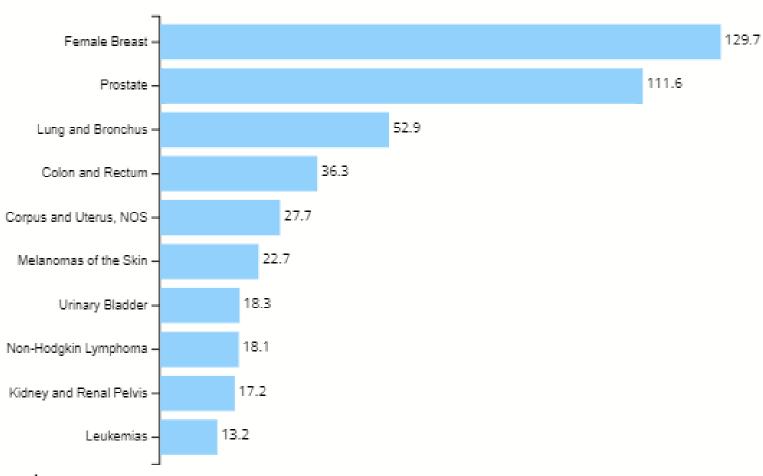
## National Center for Chronic Disease Prevention and Health Promotion



### **Division of Cancer Prevention and Control**

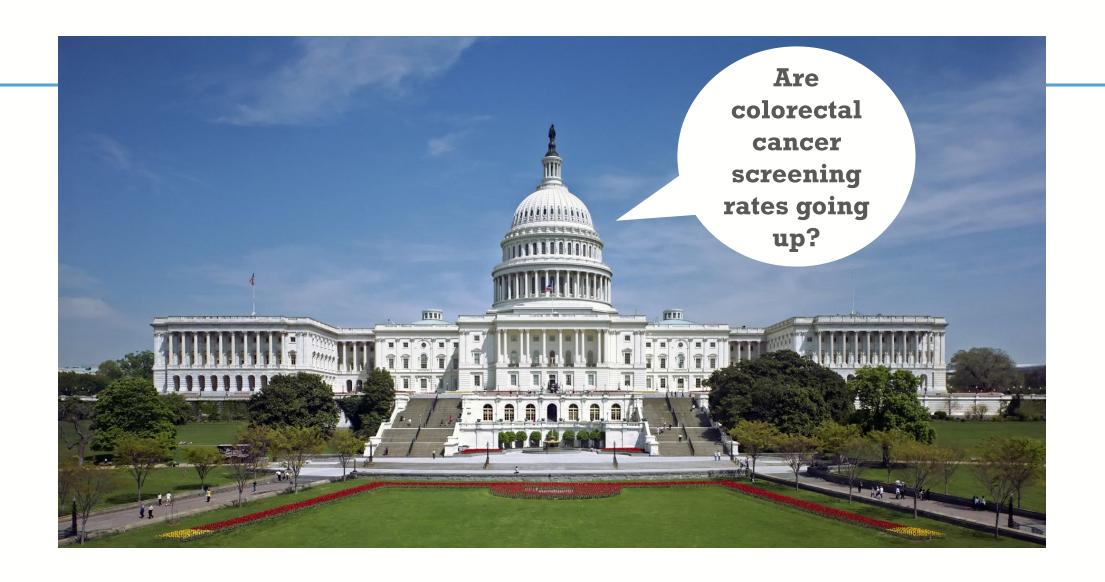
Office of the Director Comprehensive **Epidemiology** Cancer **Program Services** and Applied Surveillance Cancer Control Branch Research Branch Branch Branch **National Program of National Comprehensive Cancer Prevention and National Breast and Cervical Control Research Network Cancer Registries Cancer Control Program Early Detection Program Colorectal Cancer Control** 

## Top 10 Cancers by Rates of New Cancer Cases United States, 2019



Rate per 100,000 people

Source - U.S. Cancer Statistics Working Group. U.S. Cancer Statistics Data Visualizations Tool, based on 2021 submission data (1999-2019): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; <a href="https://www.cdc.gov/cancer/dataviz">https://www.cdc.gov/cancer/dataviz</a>, released in June 2022.



Begin With the End in Mind

### CRCCP Logic Model – DP20-2002

#### **Strategies & Activities**

Establish partnerships with health systems/primary care clinics

Establish partnerships to support implementation of evidence-based interventions (EBIs)

Conduct assessment of partner primary care clinics

#### Implement EBIs

- ♦ Implement multiple EBIs in partner health systems/clinics
- ♦ Utilize patient navigators to support delivery of EBIs
- ♦ Provide support to clinics to implement EBIs

Facilitate patients' linkage to follow-up colonoscopy

- ♦ Provide resources to partner clinics to provide follow-up colonoscopies
- ♦ Provide support to patients for the completion of follow-up colonoscopies

Data Quality, Program Monitoring and Evaluation

- ♦ Plan and conduct program monitoring and evaluation
- ♦ Collect high quality clinic-level data on implementation and outcomes
- ♦ Use monitoring data for quality and program improvement

### Short-Term Outcomes

 Increased clinic-level CRC screening rates

## Intermediate Outcomes

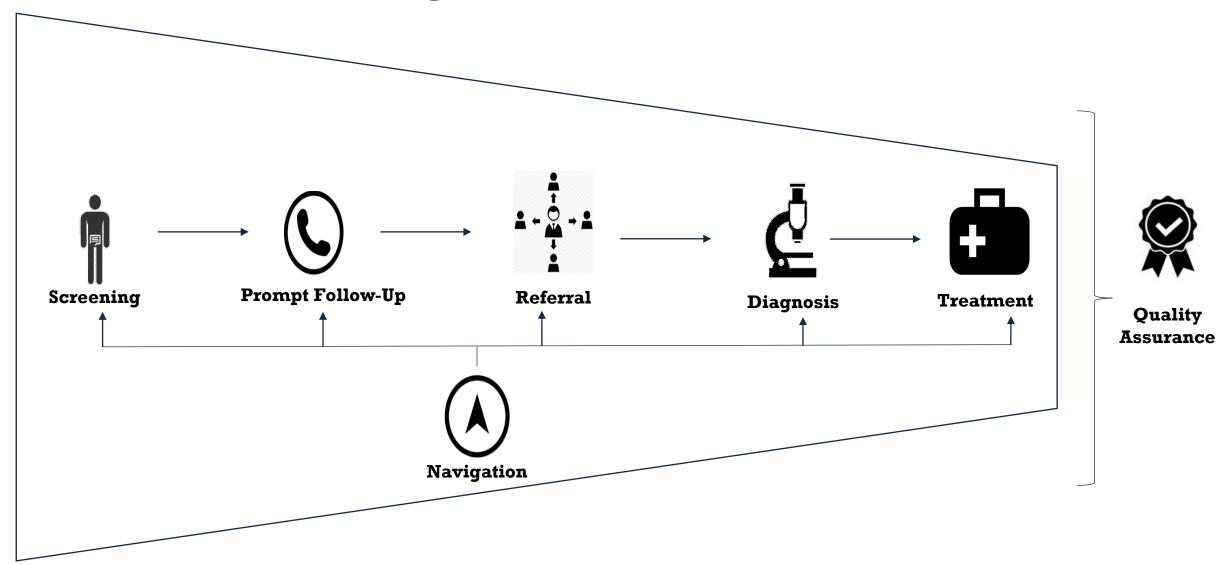
- Increased number of cancers prevented
- ♦ Increased diagnosis of early stage CRC

### Long-Term Outcomes

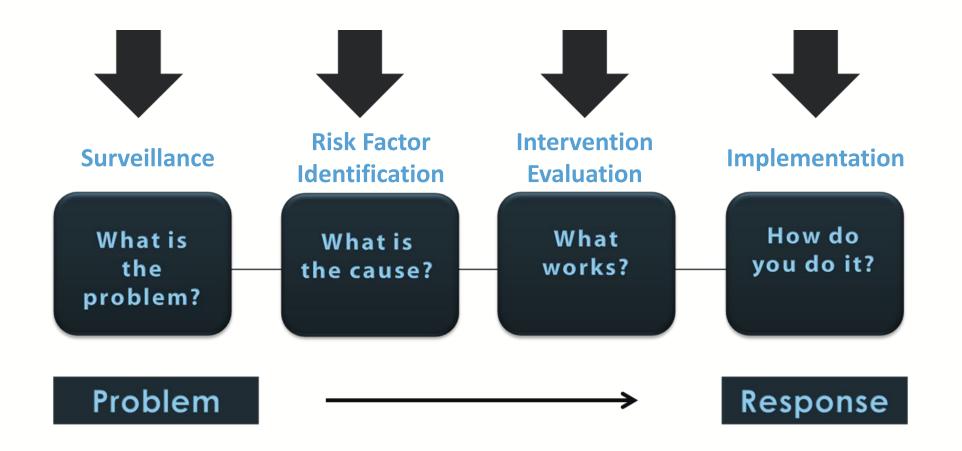
 Reduced CRC incidence and mortality



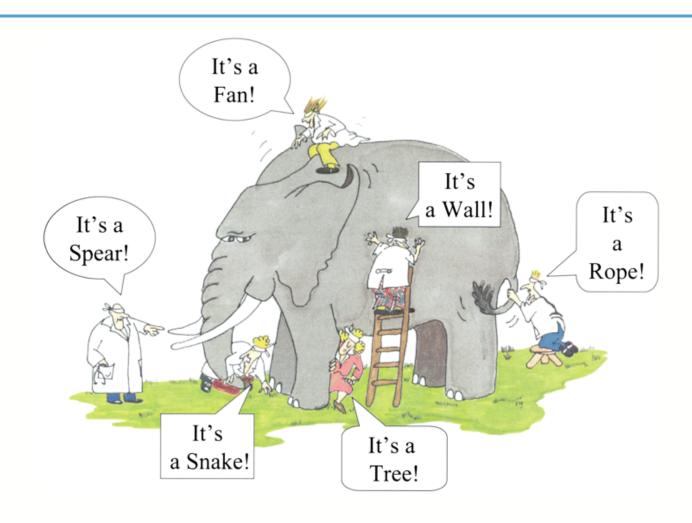
## Cancer Screening is More than a Test

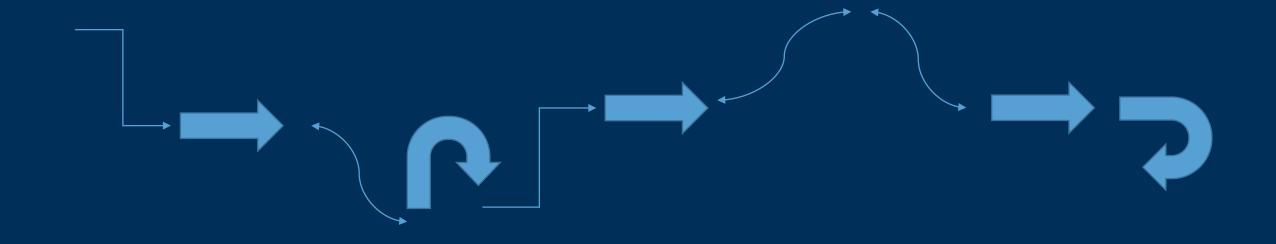


## Public Health Approach



## Seeing opportunities for prevention requires working across disciplines and sectors





The Colorectal Cancer Control Program (CRCCP)

## 15 years of implementing the Colorectal Cancer Control Program (CRCCP)

2005 - 2009

2009-2015

2015-2020

#### **CRCCP Demonstration Project**

## 5 grantees (state, county, city, and university)

#### Focus:

Delivery of colorectal cancer (CRC) screening and diagnostic services

Results: Viable strategy

#### CRCCP DP09-903 & 14-1414

## 29 grantees (states, tribes, and territories)

#### Focus:

- 1. Delivery of CRC screening and diagnostic services
- 2. CRC screening promotion for underserved populations
- Results:

Limited reach

#### **CRCCP DP15-1502**

## 30 grantees (states, universities, and tribe)

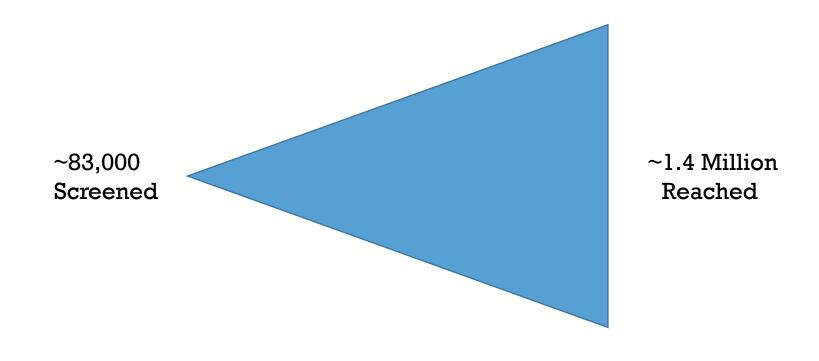
#### Focus:

- 1. Health systems change through EBI implementation in partner clinics
- 2. Delivery of CRC screening & diagnostic service (6 grantees only)

#### Results:

- 1. Substantial reach
- 2. Multiple EBIs & champions increase screening rates

## Paying for Service vs Implementing Evidence Based Interventions



### New Features of the Current Version of CRCCP

- Providing funds for follow-up colonoscopies for some populations
- Expanding eligibility criteria in accordance with USPSTF to include adults 45 to 49 years of age.
- Updating online content to include information for adults ages 45-49.

Source: cdc.gov/cancer/crccp/about.htm



### We reached the intended target population



832 CRCCP Clinics 71%

are Federally-Qualified Health Centers (FQHCs) 26%

serve high percentages of uninsured patients (>20%)

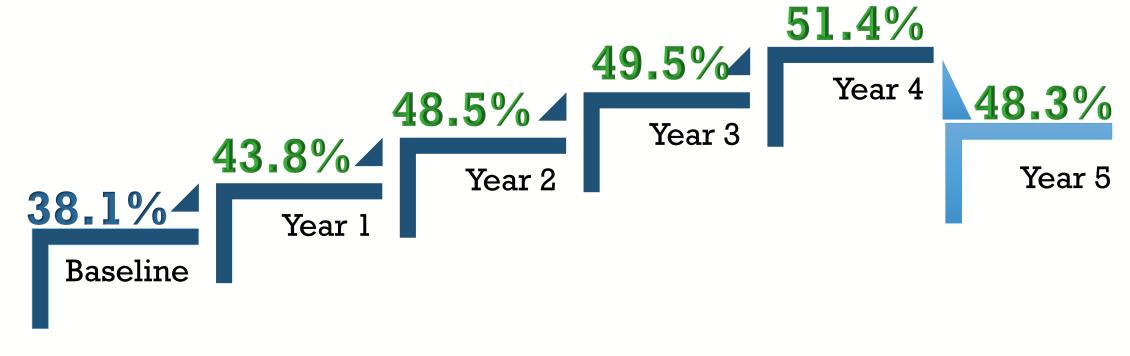
43.2%

average baseline screening rate

Source: Clinic data submission, March 2020 (Includes clinics recruited in PYs 1-5)

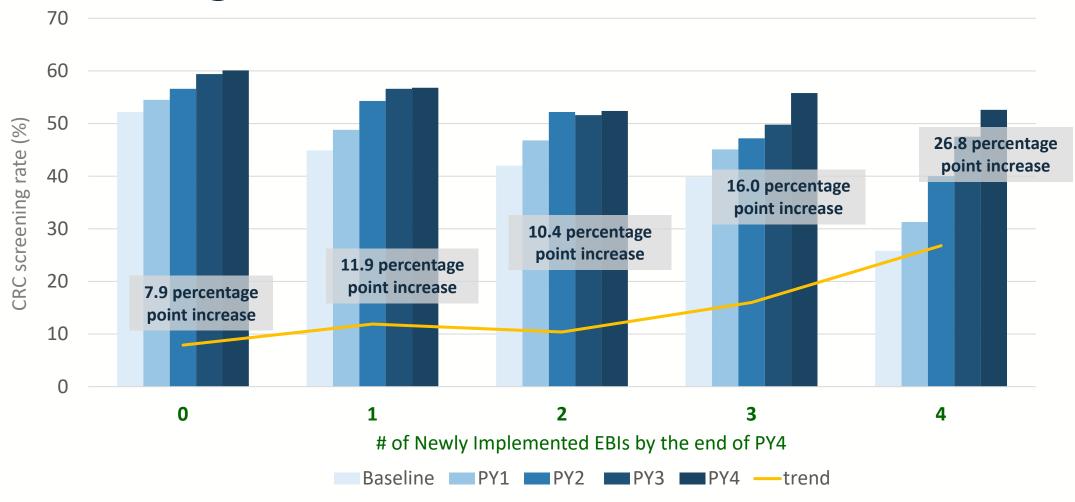
Among clinics enrolled in the first year of CRCCP, CRC screening rates rose an average of 13 percentage points from baseline through Year 4 but declined in Year 5 when the COVID pandemic began.

#### **CRCCP** Mean Weighted Screening Rate



Source: Clinic data submission, March 2021 (Includes all clinics recruited in DP15-1502, Program Years 1-5)

## Additional new EBIs translate into greater screening rate increases

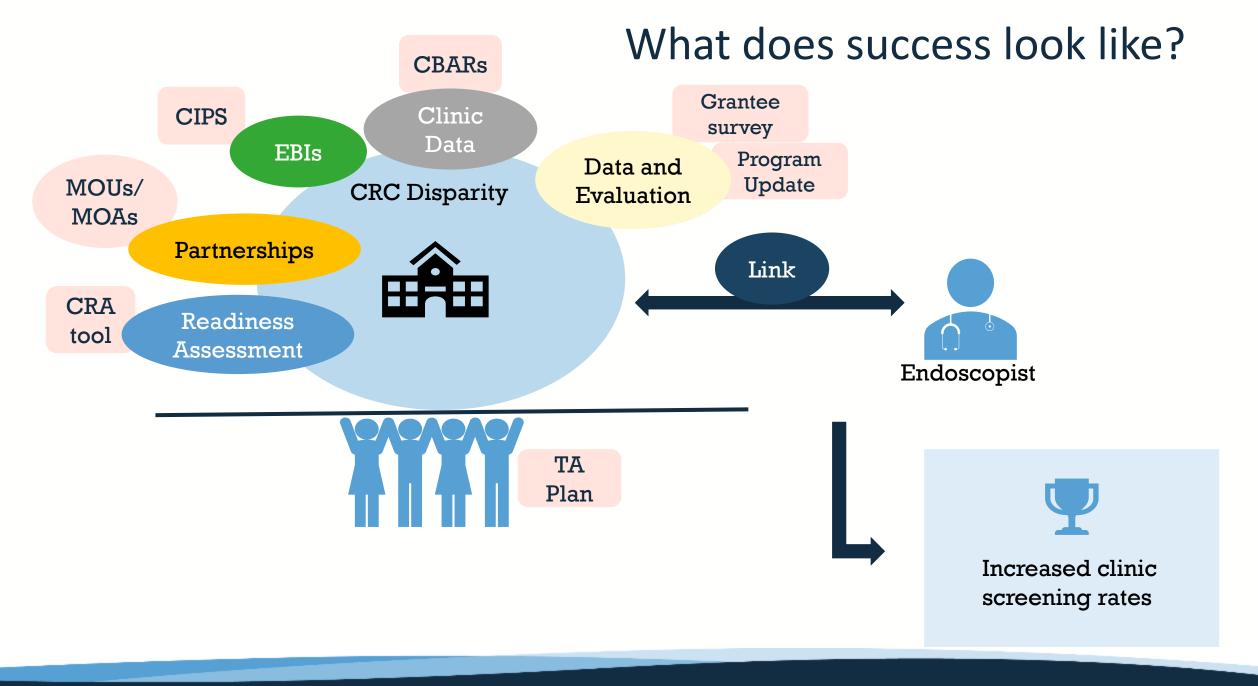


Source: CRCCP Clinic Data March 2020 data submission. PY1 Clinics only; Years 1-4.

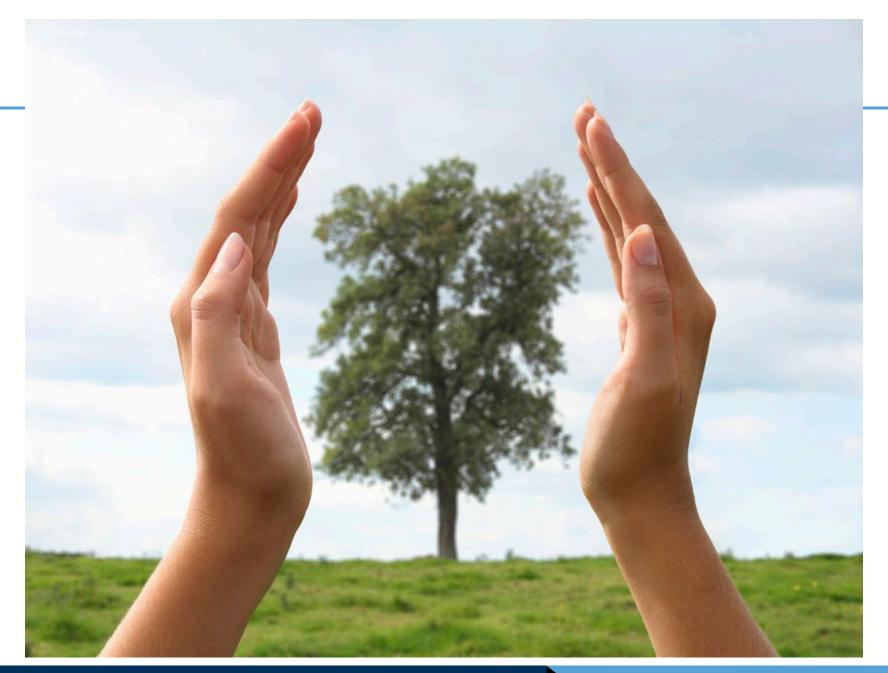
## WHAT ARE THE PROVACATIVE QUESTIONS?

Imagine 10 years from now and great progress has been made, what methodologies drove these improvements?









### Thank you!

Go to the official federal source of cancer prevention information: www.cdc.gov/cancer





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