

 **EIGHTYBY2018**
To join this effort visit www.nccrt.org



80% by 2018 RESOURCE PACKET



80% by 2018 is a public health goal, launched by the National Colorectal Cancer Roundtable (NCCRT), in which hundreds of organizations have committed to reducing colorectal cancer as a major public health problem and are working toward the shared goal of reaching 80% screened for colorectal cancer by 2018.

The success of this goal is dependent upon a strong foundation built with support from diverse organizations.

This introductory packet contains materials and resources to help our variety of partners, primary care clinicians, hospitals, insurers, employers, cancer coalitions, community organizers, and others advance 80% by 2018.

We hope this packet will not only be a useful resource, but that it will motivate you and your partners to accelerate your efforts to increase colorectal cancer screening rates.



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Working Together to Reduce Colorectal Cancer

Acronyms

- › CRC - Colorectal Cancer
- › FOBT - Fecal Occult Blood Test
- › FIT - Fecal Immunochemical Test
- › NCCRT - National Colorectal Cancer Roundtable

National Organizations Prioritize 80% by 2018

Why 80%?

How did the NCCRT settle on the ambitious goal of 80% by 2018? In 2013, the member organizations of the NCCRT were challenged by then Assistant Secretary for Health Dr. Howard Koh to develop a bold and audacious goal to advance colorectal cancer screening.

The Centers for Disease Control and Prevention (CDC) already had an 80% goal for its Colorectal Cancer Control Program. Massachusetts, the first state to have health reform, was already at 76%. And most importantly, college graduates are already over 80% screening rate.

The members of the Roundtable were ready to embrace an ambitious goal that would bring health equity and accelerate the use of life-saving screening exams, thus the 80% by 2018 goal was proposed. While ambitious, the effort is meant to be inclusive of all partners, no matter their starting point.

The 80% by 2018 goal was presented to Roundtable members in November of 2013 and officially launched in March of 2014. Over 500 organizations have now signed the 80% by 2018 pledge.

Be part of a national initiative

80% by 2018 engages groups from every sector of society. Diverse sets of organizations—from medical professional societies to hospital systems to the Commission on Cancer hospitals to Comprehensive Cancer programs to businesses to government agencies and many others—have stepped up to take a leadership role.

**If we can achieve 80% by 2018,
277,000 fewer people will be
diagnosed with colorectal
cancer and 203,000 lives will
be saved by 2030.**





Together we can make a difference

Colorectal cancer is the second leading cause of cancer death when combining men and women in the U.S., impacting more than 132,700 adults who are diagnosed with this devastating disease every year.¹

Screening can prevent colorectal cancer through the detection and removal of precancerous polyps. When adults get screened, colorectal cancer can be detected in the early stages, when treatment is more likely to be successful.

Around 1 in 3 adults between 50 and 75 years old—that’s about 23 million people—are not getting screened as recommended. Screening saves lives, but only if people actually get screened. Groups less likely to take part in screening include those aged 50-64, men, Hispanics, American Indian or Alaskan natives, people living in rural areas, and individuals with lower education and income.²

We know what we need to do to get more people screened for colorectal cancer, prevent more cancers and save lives.

¹ American Cancer Society. Cancer Facts & Figures 2015. Atlanta: American Cancer Society; 2015.

² [Morbidity and Mortality Weekly Report: Vital Signs: Colorectal Cancer Screening Test Use - United States 2012](#). Centers for Disease Control and Prevention. November 5, 2013. [Vol 62]

10 steps to achieving 80% by 2018

The nation has become energized by the goal of 80% by 2018. What will it take? [Watch Dr. Wender](#) present the 10 steps.

- 1 Convene and educate clinicians, insurers, employers, and the general public.
- 2 Find strategies to reach newly insured Americans.
- 3 More effectively engage hospitals, employers and payers.
- 4 Find new ways to communicate with the insured, unworried well.
- 5 Make sure that colonoscopy is available to everyone.
- 6 Ensure everyone can be offered a stool blood test option.
- 7 Create powerful, reliable, committed medical neighborhoods around Federally Qualified Health Centers.
- 8 Recruit as many partner organizations as possible.
- 9 Implement intensive efforts to reach low socioeconomic populations.
- 10 Believe we will achieve this goal!





An Extraordinary Opportunity

We're already seeing progress

- ▶ Colorectal cancer incidence rates have dropped 30 percent in the U.S. in the last decade among adults 50 and older. In the simplest terms, this means people aren't developing colorectal cancer at the same high rate as in the past, because more people are getting screened.³

Colorectal cancer screening is a national priority

- ▶ Federally Qualified Health Centers are now required to report colorectal cancer screening rates.
- ▶ The CDC's Colorectal Cancer Control Programs supports population-based screening approaches, are effective in increasing screening rates among both insured and uninsured populations.

Barriers are coming down

- ▶ More people now have access to colorectal cancer screening because of the implementation of the Affordable Care Act (ACA). The *New England Journal of Medicine* estimates that as of 2014, 10 million people have gained coverage for screening under the ACA.⁴

National support and resources are in place

An incredible group of organizations, leaders, and advocates have been working in this area for years. We have the tools and teams in place to catalyze a coordinated push. The NCCRT members have—both individually and collectively—developed a variety of colorectal cancer and 80% by 2018 campaign-related tools and resources. We have screening technologies that work, the national capacity to apply these technologies, and effective local models for delivering the continuum of care in a more organized fashion.

³ ncbi.nlm.nih.gov/pubmed/24639052

⁴ The New England Journal of Medicine: Health Reform and Changes in Health Insurance Coverage in 2014.





80% by 2018: What You Can Do

Pledge Your Support and Engage Your Partners

Join us by pledging your support

Embrace this effort today! [Sign the 80% by 2018 pledge.](#)

Get your partners involved

Share this exciting opportunity with primary care providers, hospitals, insurers, employers, community organizations, and others. Ask them to sign the pledge just like your organization has. Even if an organization isn't sure they can reach an 80% screening rate by 2018, encourage them to sign the pledge to show a commitment to increasing screening rates. There is no wrong starting point, and we are committed to celebrating all progress. If we are to achieve 80% we are most in need of the partners who are helping reduce barriers for those populations with the greatest disparities:

- ▶ **Talking points** to help you promote 80% by 2018 [can be found here.](#)
- ▶ **Include the [80% by 2018 logo](#)** in your materials to show others you support the campaign.
- ▶ Tailor the [sample press release](#) announcing the signing of the 80% by 2018 pledge.
- ▶ [80% by 2018 Sizzle Reel.](#)
- ▶ **Share the replay of [this webinar.](#)** The February 12th 2014 NCCRT-hosted webinar explains what 80% by 2018 is, why now is the right time to embrace it, and how organizations can be a part of it.
- ▶ **Share [this video.](#)** Dr. Richard Wender, Chief Cancer Control Officer for the American Cancer Society discusses the critical public health goal of reaching 80% colorectal cancer screening rates by the end of 2018. He shares ten important steps needed to achieve this goal and substantially reduce colorectal cancer as a major public health problem.
- ▶ **Share [this Katie Couric video](#)** on 80% by 2018, recorded for a March 9th webcast.





PLEDGE

Shared Goal:

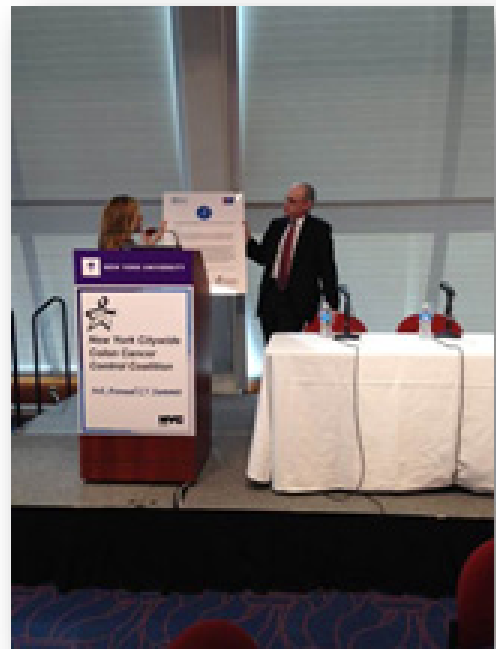
Reaching 80% Screened for Colorectal Cancer by 2018

Over 500 organizations have committed to the 80% by 2018 colorectal cancer screening goal, including two governors.

You can [sign the pledge online here](#).

Sign the pledge today and embrace the shared goal of getting 80% screened for colorectal cancer by 2018!

Join the Organizations and Individuals who are Signing the Pledge



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80% by 2018: What You Can Do

Engage Key Partners

- ▶ **Let your partners know what they can do to drive 80% by 2018 forward.** Persuade primary care, hospital, insurance, employer and community organization partners to take part.
 - ▶ [What can primary care doctors do to advance 80% by 2018?](#)
 - ▶ [What can hospitals do to advance 80% by 2018?](#)
 - ▶ [What can insurers do to advance 80% by 2018?](#)
 - ▶ [What can employers do to advance 80% by 2018?](#)
 - ▶ [What can survivors do to advance 80% by 2018?](#)
 - ▶ [What can community organizations do to advance 80% by 2018?](#)
- ▶ **Bring in an expert speaker on colorectal cancer.** The CRC Speakers Bureau is composed of trained clinicians across the U.S. who are available to speak on CRC risk factors, prevention and early detection to both medical and lay audiences. To request a speaker from the CRC Speakers Bureau, [contact the NCCRT](#).





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80% by 2018: What You Can Do

Promote Practice Improvement and Systems Change Approaches

One of the most promising aspects of the 80% by 2018 effort is that we have screening technologies that work, the national capacity to apply these technologies, and effective local models for delivering the continuum of care in an evidence-based way. Below you will find some resources that will help you or your partners implement your work using proven, field-tested tools.

- ▶ **The CRC Clinician’s Guide, “How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician’s Evidenced-Based Toolbox and Guide”.** This practical guide outlines efficient ways for practices to get every eligible patient the colorectal cancer screening tests they need. It contains evidenced-based tools, sample templates and strategies that can help practices improve their screening performance.

The complete and detailed **Clinician’s Guide** [can be found here.](#)

An eight-page action plan with key tools [can be found here.](#)





3

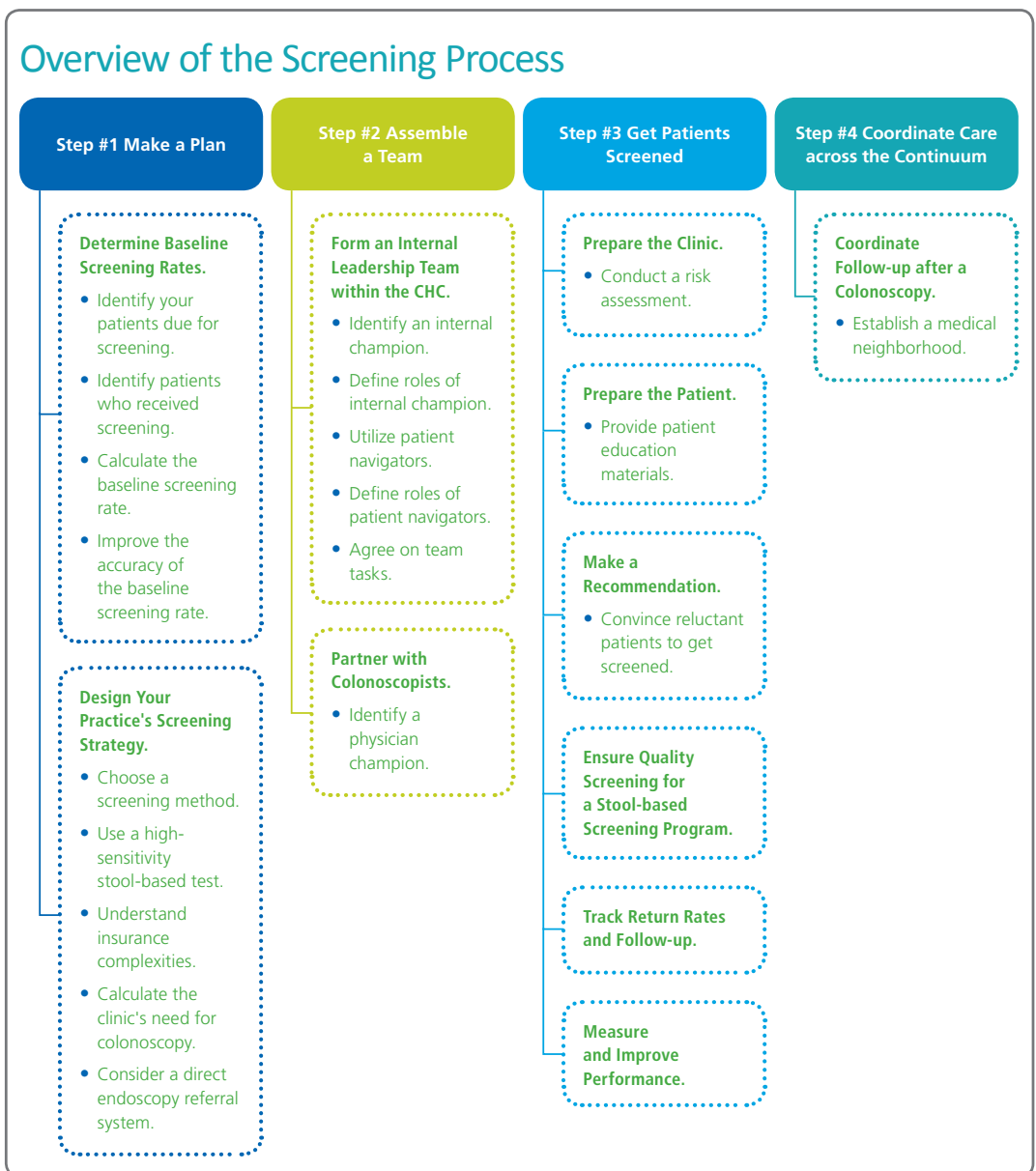
80% by 2018: What You Can Do

► **Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers** [can be found here](#). This manual provides step by step instructions to help community health centers implement processes that will reduce physician workload and increase colorectal cancer screening. Important topics, such as conducting baseline screening rates, assessing capacity and preparing your team are covered. The goal of this manual is to offer practical advice for implementing expert-endorsed recommendations one step at a time.

You can use the manual in segments, focusing on the three or four pages of information you need at a time, and make good use of the appendices, which have several templates, tools, and resources to save you time.

A webinar introducing the new manual [can be found here](#).

A webinar about improving links of care: How to Increase Access to Specialists for Community Health Center Patients in the Delivery of Colorectal Cancer Screening & Follow-up Care [can be found here](#).





80% by 2018: What You Can Do

▶ **The FluFOBT Program** is designed to help medical practices increase colorectal cancer screening by offering take-home fecal occult blood tests (FOBTs) or fecal immunochemical tests (FITs) to patients at the time of their annual flu shot. [Successful Flu-FIT and Flu-FOBT Programs](#) are already up and running in community health centers, in a public hospital, and in a large health maintenance organization.

Each fall, millions of Americans get flu shots and many of these people are also at risk of colorectal cancer and would benefit from screening. Many flu shot campaigns are run by nurses, pharmacists, or medical assistants, so these staff are well placed to give their patients FOBT or FIT kits.

A prepared health care team can develop simple systems to provide a home kit to all eligible patients. When they do this, they can free up time for busy providers to address other pressing health concerns. The program can be set up and kept going with limited resources. What's more, FOBT and FIT screening methods are well accepted by patients making them more likely to get screened.

▶ **FOBT Clinician's Reference** is a two-page resource to introduce (or reintroduce) clinicians to the value of stool blood testing. It explains stool blood testing in general, making physicians aware of the differences between a guaiac-FOBT and an FIT, and explaining why different kinds of FOBTs are superior. [The resource also outlines some of the things](#) that need to go into a stool blood testing screening program, to guarantee that it's done in a quality way.

▶ **“Screening for Colorectal Cancer: Optimizing Quality”** is an online course that provides guidance and tools for clinicians on the optimal ways to implement screening to help ensure that patients receive maximum benefit. One version of the course is intended for primary care providers, and the other is intended for clinicians who perform colonoscopies. Continuing education credits are available for physicians, nurses, and other health professionals.

The courses were developed by a group of nationally recognized experts in colorectal cancer screening, including primary care clinicians, gastroenterologists, and leaders in public health programs and research. [The courses can be accessed free of charge here.](#)





80% by 2018: What You Can Do

- ▶ **A Colorectal Cancer Screening Evaluation 101 Toolkit [can be found here](#).** The toolkit is specifically geared to assist those who have little to no evaluation experience, but do have a willingness to learn. The purpose of the kit is to provide information and tools to help organizations or groups evaluate their efforts, measure outcomes, report their results, and improve their programs over time.

Evaluation 101 webinar series:

- ▶ [Part 1](#)
- ▶ [Part 2](#)
- ▶ [Part 3](#)

Evaluation 201 webinar series:

- ▶ [Colorectal Cancer Data Sets](#)
- ▶ [Tips for Evaluating a Colorectal Cancer Screening Social Media Campaign](#)
- ▶ [Evaluating Systems Change Efforts to Increase Colorectal Cancer Screening](#)

As you achieve your goals and see screening rates going up, watch for ways to share and celebrate your successes in the 80% by 2018 effort.

4

80% by 2018: What You Can Do

Reach the Unscreened with Effective Messages

Learn about and share effective messages to reach the unscreened:

- ▶ Use messages found in the “80% by 2018 Communications Guidebook: Recommended Messaging to Reach the Unscreened” included at the end of this information packet.
[Watch this video introducing the Communications Guidebook.](#)
- ▶ Please see the updated “80% by 2018 Communications Guidebook: Recommended Messaging to Reach the Unscreened” and the new “Companion Guide for Hispanics/Latinos,” including Spanish tested messages.

Barriers to screening

When we look at the barriers to screening, we are able to see these main barriers emerging within the target populations:

Affordability

- ▶ Unscreened have lower income than screened counterparts
- ▶ More likely to be uninsured
- ▶ Newly insured do not know screenings are covered

Lack of symptoms

- ▶ Symptoms drive doctor visits
- ▶ Misconception about disease

No family history or personal connection

- ▶ Perception that genetics is the only risk factor
- ▶ Reduced sense of urgency

More pressing health issues

- ▶ Focus on acute illnesses and issues of more concern
- ▶ Not a top priority

Negative perceptions about the test

- ▶ Connotation of test being unpleasant, invasive, embarrassing
- ▶ Fear of test-prep compounds negativity

No regular primary care to reinforce message

- ▶ Avoids doctors/no routine physicals or wellness visits
- ▶ Think they are healthy already

Doctor does not recommend it

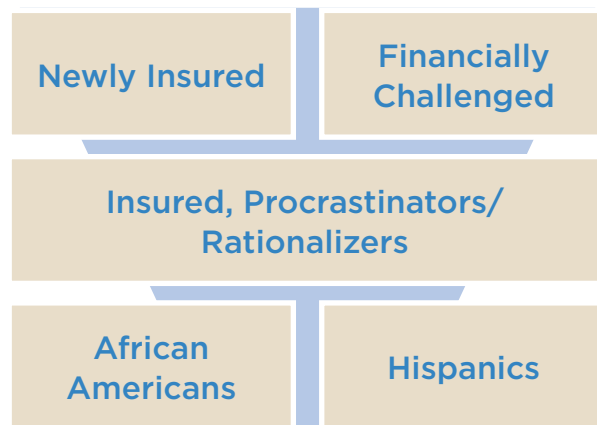
- ▶ #1 reason among African Americans
- ▶ #3 reason among Hispanics

4

80% by 2018: What You Can Do

Determining the Critical Populations

It's important to know more about the populations we are targeting. In 2014, the American Cancer Society, with guidance from the Centers for Disease Control and Prevention, conducted market research with a representative sample of 1,023 U.S. adults 50 years of age or older, followed by interviews with select audiences. The purpose of each assessment was to understand the rationale of those being screened compared to the unscreened. Demographic and psychographic data were assessed to determine which audiences were best to microtarget.



The following five critical populations were identified. While there is an overlap with audiences, messages have been tested with each of these groups.

African American and Hispanics cut across all these target audiences, but will need special focus if we are to get to 80% by 2018.

Hispanics are a priority audience due to their low screening rate (52%).

African Americans are a priority audience due to their high colorectal cancer incidence rate.



NEW! “Companion Guide for Hispanics/Latinos,” including Spanish tested messages.



4

80% by 2018: What You Can Do

The Messages that Motivate

As mentioned, the American Cancer Society and the NCCRT tested a number of messages. These messages tracked our understanding of factors that resonated with the targeted audiences: screening options, early detection, affordability, not having symptoms, family and joining the crowd.

These messages are NOT meant to replace any organization's signature campaign on colorectal cancer screening. General awareness of screening is high, and it needs to stay that way. Rather, the NCCRT is challenging groups to think more strategically about reaching the unscreened and incorporating these tested messages into those efforts.

Top Three Messages

Message #1:

There are several screening options available, including simple take-home options. Talk to your doctor about getting screened.

Message #2:

Colorectal cancer is the second leading cause of cancer death in the U.S. when men and women are combined, yet it can be prevented or detected at an early stage.

Message #3:

Preventing colorectal cancer or finding it early doesn't have to be expensive. There are simple, affordable tests available. Get screened! Call your doctor today.

Appropriate messaging can alleviate fear and compel action.

Messaging should NOT be focused on broad awareness; instead it needs to be aligned with the six core emotional motivations that might compel unscreened individuals to get screened in the future, including: expectations, testimony and support, physical survival, ego, trust and control.

Messages that will resonate the best with unscreened individuals should specifically:



Address misperceptions and fears around the test;



Feature testimonies from those who have been screened; and



Provide patients with the information and knowledge they need, including potential alternative screening solutions, to feel prepared and responsible about the process and results.

5

80% by 2018: What You Can Do

Promote Colorectal Cancer Screening Awareness

Promote screening in March—Colorectal Cancer Awareness Month—and throughout the year! Familiarize yourself with the evidence-based interventions designed to increase screening. This information can be found in [the Community Guide](#).

▶ **In March and beyond, use one or more of your own social media channels to share key messages.**

To learn more about developing social media strategies, visit the [George Washington Cancer Institute Colorectal Cancer Awareness Social Media Toolkit](#).

Here are some ideas and 80% by 2018 resources to get you started:

- ▶ Target specific unscreened audiences through social media.
 - » Share messages on Facebook and Instagram, and tweet throughout the year. A Social Media calendar can be found on Page 43 of the [80% by 2018 Communications Guidebook](#).
- ▶ Use one or more of the following ideas from the 80% by 2018 Communications Guidebook
 - » Choose a day or days of the month for recurring testimonials. For example, choose each Tuesday or a set number of times throughout the month to share testimonials from patients who have beat colorectal cancer through early detection/screenings.
 - » Host monthly or quarterly Twitter chats on questions that unscreened individuals may have about the process, or for those that want to share their experience with others.
 - » Add one or more of [these banner ads](#) to your website.
 - » Share a weekly or bi-weekly fact or statistic about colorectal cancer screenings to help remove some of the mystery around the procedure and help educate those who are unscreened.
 - » Add a thumbnail of the infographic to your Facebook page and link back to your website. Tweet the link to the infographic and add it to Pinterest with a description and a hashtag.

5

80% by 2018: What You Can Do



- ▶ **Explore Screen for Life materials:** National Colorectal Cancer Action Campaign is a Centers for Disease Control and Prevention (CDC) initiative to increase screening among people aged 50 years and older. The following media materials are available:
- ▶ Television and Radio Public Service Announcements (PSAs)
 - ▶ Brochures
 - ▶ Patient Education Fact Sheets
 - ▶ Print PSAs
 - ▶ Screen for Life Web Site
 - ▶ Posters
 - ▶ Newspaper Articles
 - ▶ Dioramas and other Out-of-Home Displays
 - ▶ Video and Audio News Releases

Several resources are available in both English and Spanish, and [can be found here](#).

▶ **Incorporate the Blue Star into your current materials.**

You can add it to the bottom of posters, place it next to your logo or display it on your website. Widespread use of the Blue Star sends a unified message.

The Blue Star symbol represents the fight against colorectal cancer. It also represents the eternal memory of the people who have lost their lives to the disease and the shining hope for a future free of colorectal cancer.

[The Blue Star Marketing Kit](#) includes a range of event and activity ideas, suggestions for PR and social media, along with marketing material templates. Look on Pages 11-14 of the marketing kit for more information about creative ways to promote the Blue Star.



▶ **Launch a Family PLZ! campaign.**

This campaign focuses on the importance of finding out your family history of colorectal cancer or polyps, and sharing this information with your doctor and loved ones. It encourages the younger generation to start conversations about health and screening. You can find downloadable posters, a Facebook application, animated video, and web banners [here](#).

6

80% by 2018: What You Can Do

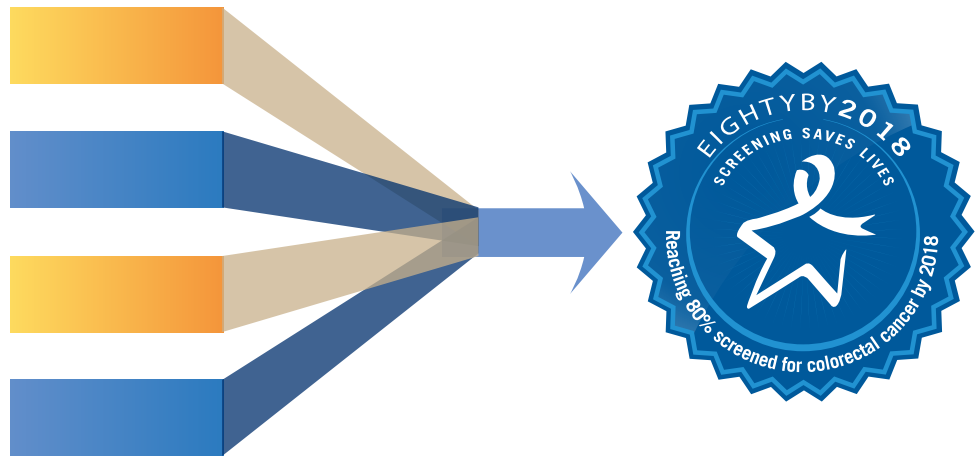
Celebrating Success

As you reach your goals, share your successes. This is a wonderful opportunity to give credit to those who are working hard to reach the 80% by 2018 screening goal and remind everyone why this is an important effort. Promote your achievements in meetings, in print, and on social media.

[Go to nc crt.org](http://nc crt.org) to learn more about 80% by 2018 National Achievement Awards

500
ORGANIZATIONS
(and counting)

ONE
GOAL



Member

Resources

Audio/Video Resources

See page 5 for videos that highlight the 80% by 2018 initiative.

American Cancer Society

[Colon Cancer Videos](#)

Centers for Disease Control and Prevention

PSA: Television – Can be embedded into personal blogs and websites via the [CDC Streaming Health YouTube Channel](#).

- ▶ “Control” – features Meryl Streep (20 sec, 30 sec (2) and 60 second versions)
- ▶ “No Excuses” (English) and “No Hay Excusas” (Spanish) (30 or 60 sec)
- ▶ “This is Personal” – features Terrence Howard (30 or 60 sec)
- ▶ “Your Wake-Up Call” – features Terrence Howard (60 sec)
- ▶ “The Screening” – features Jimmy Smits (20, 30, 40 sec)
- ▶ “La Vida Real” – features Jimmy Smits (Spanish only, 20 or 30 sec)
- ▶ “Grammy Keaton” – features Diane Keaton (15, 20, 30, 60 sec)
- ▶ “I Love Life” – features Diane Keaton (30 sec)
- ▶ “The Picture of Health” – features Morgan Freeman (20, 30 sec)
- ▶ “Rosa y Carlos” (Spanish only) (20, 30, 60 sec)
- ▶ “Being There” (English, 15, 30, 60 sec) and “Estando Alli” (Spanish, 30 sec)

You can watch the television PSAs [here](#).

PSA: Radio – Can be downloaded for personal use as needed.

- ▶ Meryl Streep (30 and 60 second versions)
- ▶ Terrence Howard (20, 60 sec)
- ▶ “The Screening” – features Jimmy Smits (20, 30 sec)
- ▶ “La Vida Real” – features Jimmy Smits (Spanish only, 20, 30 sec)
- ▶ “The Picture of Health” – features Morgan Freeman (20, 30, 60 sec)

You can access the radio PSAs [here](#).

PSA: Radio transcripts that radio announcers can use on-air. (English – 30, 40 seconds; Spanish – 20, 40 seconds) – You can access ready-to-use scripts [here](#).

Tips for using video to promote colorectal cancer screening:

All Organizations: Play at awareness events, embed videos on websites and in social media posts, especially during Colorectal Cancer Awareness Month in March.

Primary/Specialty Care: Play videos in waiting rooms and embed on patient portals.

Health Plans: Embed videos in patient portals and on provider intranet sites.

Employers: Share videos in breakrooms and at staff wellness events.

Audio/Video Resources

Podcasts

- [Have you Been Tested for Colorectal Cancer?](#)
- [Importance of Early Detection of Colorectal Cancer.](#)

American College of Surgeons Commission on Cancer

Patient Education Videos

- [Colonoscopy Prep Instructions](#)
- [Colonoscopy](#)

National Cancer Institute

Patient Education Videos

- [Did You Know? Colorectal Cancer Statistics](#)
- [Lifelines: Colorectal Cancer Awareness](#)
- [Lifelines: Colorectal Cancer Awareness and Asian Americans](#)
- [GutCheck Stories – patient stories and testimonials about being screened](#)

[PSA: No Excuses for Not Getting Screened](#)

Screening to Detect Cancer

- [Colon and Rectal Cancer](#) – Dr. Barry Kramer summarizes the results of the Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

Brochures

Centers for Disease Control and Prevention

All Screen for Life materials are available in English and Spanish and are [downloadable here](#).

- Colorectal Cancer Screening Saves Lives (tri-fold and pocket brochure available)
- Colorectal Cancer Fast Facts
- Questions to Ask Your Doctor about Colorectal Cancer
- Colorectal Cancer Risk Facts and Symptoms
- Colorectal Cancer Screening Tests Information
- Colorectal Cancer Screening: A Circle of Health for Alaskans

American College of Surgeons Commission on Cancer

[Patient Brochure for CoC Accredited Cancer Program](#)

The brochure describes the level of care patients can expect to receive and the services available to them at an accredited program.

Employer Benefit Programs

C-Change

- [Cancer Screening: Payer Cost Benefit document](#)
- [Making the Business Case: How Engaging Employees in Preventive Care Can Reduce Healthcare Costs](#)

Fact Sheets

American Cancer Society

[State of Science Colorectal Cancer Fact Sheet](#)

Centers for Disease Control and Prevention

All Screen for Life materials are available in English and Spanish and are [downloadable here](#).

- Screen for Life Basic Facts on Screening (Color and Black and White)
- Colorectal Cancer Control Program Fact Sheet - Emphasizing a population-based approach, CDC intends to increase screening rates among both insured and uninsured populations
- Colorectal Cancer Basic Fact Sheet - [Click here](#) to download
- Fact Sheet: Colorectal Cancer Tests Save Lives
[Click here](#) to download in English
[Click here](#) to download in Spanish

National Cancer Institute

- [A Snapshot of Colorectal Cancer](#)
- [Tests to Detect Colorectal Cancer and Polyps](#) (English and Spanish)

National Colorectal Cancer Roundtable

- [Risk Screening Tip Sheet from Family PLZ](#)

Postcards/eCards

Centers for Disease Control and Prevention

All Screen for Life materials are available in English and Spanish and are [downloadable here](#):

- No Excuses – Why Should I Get Screened?
- Colorectal Cancer Screening Saves Lives
- True or False – Questions about Colorectal Cancer (horizontal and vertical)
- Are you the Picture of Health? – Katie Couric
- [This is Personal – Terrence Howard](#)
- [Colorectal Cancer Screening Saves Lives](#)
- [I Got Screened: Now It's Your Turn](#)

Posters

Centers for Disease Control and Prevention

All Screen for Life materials are available in English and Spanish and are [downloadable here](#)

- No Excuses for Not Being Screened (11x17, three versions, horizontal and vertical)
- Screening Saves Lives (11x17)
- This Is Personal – Terrence Howard (17x22 and 17x11)
- Are You the Picture of Health? – Katie Couric (17x11 and 17x22)
- Art Gallery- Colorectal Cancer Screening Saves Lives (17x11 and 11x17)
- What Do These Busy People Have in Common? (11x17 and 17x22)
- True or False: Colorectal Cancer Facts (11x17 or 17x22)



Print Ads

Centers for Disease Control and Prevention

All Screen for Life materials are available in English and Spanish and are [downloadable here](#)

- No Excuses for Not Being Screened (Black and White and Full Color, Full Page and Half Page ad)
- This Is Personal – Terrence Howard (8.5x11 and 4.25x4.25, 2.1x9 – BW and Color)
- Are You the Picture of Health? – Katie Couric (3 sizes, BW and color)
- Art Gallery- Colorectal Cancer Screening Saves Lives (3 sizes, BW and color)
- What Do These Busy People Have in Common? (3 sizes, BW and Color)

Provider Materials

American Cancer Society

- ▶ [ColonMD: Clinician's Information Source](#)
- ▶ [Web Content](#)
- ▶ [Colorectal Cancer Screening Guidelines](#)
- ▶ [Cancer Facts & Statistics](#)

American College of Surgeons Commission on Cancer

- ▶ [Colon Measure Specifications](#)

National Cancer Institute

- ▶ [Colorectal Cancer Risk Assessment Tool](#) – an interactive tool to help estimate a person's risk of developing colorectal cancer

National Colorectal Cancer Roundtable

[Provider Education](#)

- ▶ Steps for Increasing Colorectal Cancer Screening Rates: A Manual for Community Health Centers
- ▶ The New FOBT Clinician's Reference Resource
- ▶ How to Increase Colorectal Cancer Screening Rates in Practice: A Primary Care Clinician's Evidenced-Based Toolbox and Guide
- ▶ Promoting Cancer Screening in the Patient Centered Medical Home
- ▶ Developing a Quality Screening Colonoscopy Referral System in Primary Care Practice: A Report from the NCCRT

80% by 2018 resources from the [NCCRT site](#)

Resources for Low Income / Uninsured

Centers for Disease Control and Prevention

Six states are able to provide direct screening services through their CDC Colorectal Cancer Control program: Delaware, Michigan, Minnesota, Nevada, New York and Washington.

Other states, such as Kentucky, fund screening programs using state dollars. Contact your state health department to see if your state has a program.

Colon Cancer Alliance

- ▶ [Blue Note Financial Assistance Awards](#)

Social Media

National Colorectal Cancer Roundtable

- ▶ **Twitter - @NCCRTnews**
- ▶ [Facebook](#)
- ▶ [Youtube](#)
- ▶ [George Washington Cancer Institute CRC Social Media Toolkit](#)

Toolkits

C-Change

[Advocacy Tool Kit](#)

- ▶ The Prevention and Public Health Fund: Reducing the Risk of Cancer for All Americans – Fact Sheet with talking points for legislators about funding
- ▶ Best Practices in Communicating about Cancer Risk Education

Center for Colon Cancer Research, USC

- ▶ [Rural messaging Toolkit](#)

NCCRT Toolkits

- ▶ See links to NCCRT toolkits on pages 8, 9, 11 and 12 of this document.

Web Assets

Centers for Disease Control and Prevention

- ▶ Terrence Howard (300x250 and 120x240)
- ▶ Katie Couric (250x200)
- ▶ Colorectal Cancer Screening Saves Lives (120x240)
- ▶ I Got Screened for Colorectal Cancer (468x60)
- ▶ 1 in 3 Adults has not been screened as recommended (180x150, 150x172 and 170x195)

[Click here](#) to download

National Colorectal Cancer Roundtable

- ▶ Banner ads [available here](#)



Working Together to Reduce Colorectal Cancer

The National Colorectal Cancer Roundtable was cofounded in 1997 by the American Cancer Society and the Centers for Disease Control and Prevention.

The NCCRT includes public, private, and voluntary organizations alike. Their shared mission is to advance colorectal cancer control efforts by improving communication, coordination, and collaboration among health agencies, medical-professional organizations, and the public.

The ultimate goal of the Roundtable is to increase the use of recommended colorectal cancer screening for at-risk groups.

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We know NCCRT members have many other resources to offer not listed here. Please visit nccrt.org/roundtable-members/ to visit the websites of many Roundtable members. Additionally, if you would like to submit a resource to highlight in an updated version of this packet, please send it to nccrt@cancer.org

We would like to acknowledge the work of the Comprehensive Cancer Control National Partners for creating an earlier iteration of this packet, on which this document was modeled.