

## SCREENING TO PREVENT COLORECTAL CANCER IN HISTORICALLY MARGINALIZED 45-49 YEAR-OLDS

### **ACT NOW**

Use your clinical practice, voice and influence to increase colorectal screening rates among 45-49 year olds, particularly within vulnerable and historically marginalized populations through direct patient care, education, care coordination and advocacy.

Learn more at acpm.org/initiatives/colorectal-cancer-roadmap.

Incidence rates are highest in people who are Alaska Native (88.5 per 100,000), American Indian (46.0 per 100,000) or Black (41.7 per 100,000).

Mortality rates are highest in people who are Alaska Native (50.5 per 100,000), American Indian (17.5 per 100,000) or Black (17.6 per 100,000). In 2023, the American Cancer Society estimates 52,550 people in the United States will die from colorectal cancer.

CRC is the third most common cancer diagnosis and the third leading cause of cancer-related death in both men and women.

Diagnoses of colorectal

# COLORECTAL CANCER FACTS

cancer in people under
55 years of
age doubled
from 1995 to 2019.

Death rates have increased by 1% annually since 2005 in people younger than 50 years of age and by .6% in people aged 50-54.

## IMPORTANT ROLE OF PREVENTIVE MEDICINE

Preventive Medicine physicians are uniquely qualified to serve as force multipliers across professional sectors, amplifying messaging, raising awareness, and advocating for the importance of colorectal cancer screening and follow-up care and community-based and at-home colon cancer screening tests to increase screening rates.



#### INDIVIDUAL PHYSICIANS/PROVIDERS

- Identify patients with risk factors, including SDOH, and connect them to community-based resources.
- Incorporate conversations about CRC risk, symptoms and screening recommendations with eligible (45+) and pre-eligible (45) patients.
- Create patient-centered care teams and workflows to optimize CRC screening and follow-up.



#### HEALTHCARE SYSTEMS AND CLINICAL SETTINGS

- Promote system-wide awareness and application of evidence-based interventions, culturally-sensitive messages and evidence-based recommendations for screening and follow-up.
- Build/leverage partnerships with community organizations and other healthcare settings to increase community reach and utilize/collect data on screening rates for 45+ historically marginalized populations.
- Develop the infrastructure, systems, technology, data systems, and incentives (including EHR/EM platforms) to ensure streamlined, seamless process for providing the full continuum of CRC care.



#### COMMUNITY-BASED CLINICAL SETTINGS

- Promote system-wide awareness and application of evidence-based recommendations
- Recruit and train trusted members of the community to support patient outreach, education, engagement and to understand and address barriers.
- Capitalize on data modernization efforts and funding to ensure that the technical infrastructure exists to support data interoperability between public health and healthcare systems.



#### HEALTH DEPARTMENTS AND HEALTHCARE ORGANIZATIONS

- Disseminate best practices for health department and agency engagement in colorectal cancer screening.
- Replicate success strategies used for immunizations and other screenings to support increased awareness of colorectal cancer guidelines.
- Leverage existing tools, resources, and messaging to build awareness of CRC screening and screening
  options among members of priority populations.



#### POLICY AND ADVOCACY ORGANIZATIONS

- Identify patients with risk factors, including SDOH, and connect them to community-based resources.
- Incorporate conversations about CRC risk, symptoms and screening recommendations with eligible (45+) and pre-eligible (45) patients.
- Identify and disseminate best practice models and evidence-based interventions for effectively reaching
  and engaging prioritized populations and establishing policies and procedures that support higher rates
  of screening and follow-up.



#### **INSURANCE PROVIDERS**

- Update policy coverage to align with requirements related to CRC screening guidelines and promote these changes to policy holders.
- Update and offer model language for physicians and healthcare professionals to use as a communication tool with patients.
- Encourage and incentivize tracking follow-up colonoscopies and clinical diagnostics.



#### ACADEMIC AND MEDICAL EDUCATION

- Increase opportunities for medical education and training related to the importance and delivery of colorectal cancer screening and continuum of care.
- Partner across healthcare and public health sectors to establish baseline data and track colorectal cancer screening metrics.
- Develop and test best practice models and evidence-based approaches that demonstrate real-world outcomes.