Practical actions your workplace can take to increase mandated guidelines-driven cancer screening under the Affordable Care Act.

- Public health is positioned to address opportunities and challenges for cancer screening.
- Educate the medical community on cancer screening and prevention.
- National agreement that all screening colonoscopies are considered screening even if polyps are found.
- Increase collaborations with community organizations.
  - Collaborate with state cosmetology board for statewide change rather than targeting individual salons.
  - Churches, mega-churches and parish nurses.
- Engage professionals and survivors in awareness and screening efforts.
- Improve infrastructure to better use navigators and EHRs.
- FQHC coordination/cooperation.
- Programs and campaigns should involve different age groups and recognize generational differences.

Survivor involvement to help make use of opportunities or meet challenges ahead as implementation of the Affordable Care Act proceeds.

- Capitalize on eagerness of survivors to share experiences and the impact of their stories.
  - Successful survival commercials in Utah.
  - Impact of news anchors sharing their cancer stories.
- Use advocates in the states, especially those without Medicaid expansion.
- Prominent celebrity stories.
  - Include stories of people who had screenings and didn't have cancer to help reduce fears of screening.
- Utilize survivor stories or family members of those who have passed away for advocacy efforts.
- Recruit younger survivors. Spread information – marketing focused toward youth. Even if not old enough to be screened, they want to know the facts and to be informed.

Opportunities for cancer screening and prevention under the Affordable Care Act

- Population-based systems change.
- Town hall meetings to encourage application for Medicaid.
- More people are covered, so the focus can be on education and navigation.
- Utilize navigators to help newly insured.
- Have community coalitions raise awareness of cancer screening resources under ACA.
- Set up Tax Fund for screening and treatment.

Challenges for cancer screening and prevention under the Affordable Care Act

- Funding sources changing.
• Some states have no Medicaid expansion. A few Medicaid waivers and extensions are approved.
• Challenge of reaching screening goals when insured women are not getting screened.
• Implement systems change and work with clinics and work sites to target insured women.
  o How do you get to the next steps to get people insured?
  o How to get people into medical homes?
• How to identify unscreened individuals?
• UC Irvine is struggling to increase their primary care base.

**Strategies to Overcome Challenges**

• Internal checks of Medicaid eligibility and communication with recipients.
• Problem with cost sharing.
  o Plan to take funding from other programs to cover out-of-pocket expenses when a screening colonoscopy becomes a diagnostic colonoscopy with polyp detection.
  o Donated Maryland state taxes for the Maryland cancer fund – have access to some of the funds (up to $20,000/person for treatment).
• Acknowledge who is in power and who are the users. Decision markers vs. those affected (buy-in).
• Tailor campaigns/programs - aging population and quality of life.
  o Look at lifespan and risk/benefit by generation and approach to screening.
• Utah Dept. of Health – survey of 16 clinics on colorectal cancer screening.
  o Not as many providers as they thought were recommending screening.
  o Working with Washington state on the set-up of an environment to support talking about CRC screening.
• Utilize patient navigation in rural communities.
• Partner with local providers to provide in-kind services.
• Increase both public and provider education for cancer screening.
  o Example: Johns Hopkins Residents meet with each Baltimore DOH department to learn more about community-level care/challenges.
• CDC needs states’ DOHs to use their breast and cervical screening funds better. There is a need for flexibility in use of funds to meet the unique needs of each states.
• How to work with undocumented immigrants, particularly the Latino community.
  o Tailored education.
  o Student (university) education and advocates (i.e. UC Irvine).