



Colorectal Cancer Mortality Disparities Learning Community

Colorectal Cancer in Your Community

The American Cancer Society has provided training & technical assistance to grantees of the Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program for over 25 years.

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August 7, 2025

Today's Session – What to Expect

- Welcome & Warm-up & Polls
- 2 Presentation

3 Q&A

- 4 One Breakout and One Large Group Activity
- 5 Resources & Call to Action





Our Roadmap

The ACS CCC team is hosting this CRC Mortality Learning Community to increase NCCCP recipients' and cancer coalitions' capacity to integrate interventions mitigating CRC mortality disparities into the state planning process.







Timely Follow-Up Colonoscopy and CRC Mortality June 5, 2025 CRC Mortality in Your Communities
August 7, 2025

Focus on gaining foundational knowledge on the latest in CRC mortality disparities

Focus on applying what we've learned to our work





Learning Objectives

Increase integration of interventions mitigating colorectal cancer (CRC) mortality disparities into the state comprehensive cancer coalition planning processes

2. Increase knowledge of tools coalitions can use to assess the burden to apply and adapt evidence-based interventions

3. Practice use of tools related to CRC mortality rates using specific communities' characteristics

.....and NETWORK with colleagues from around the country!



Our speaker today has no conflicts of interest to disclose related to this presentation

Disclosures





Char Raunio
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Society, Washington and Oregon

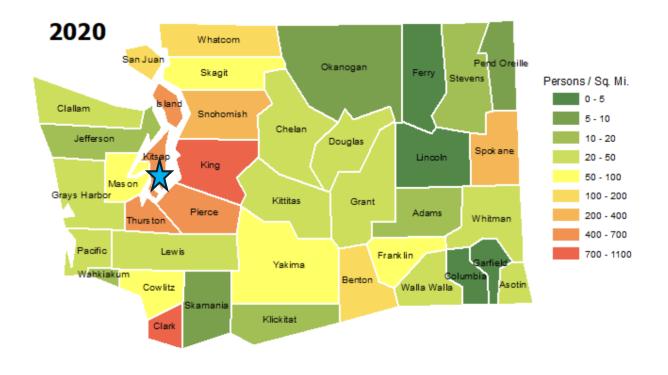


Guest Speaker



View of Washington State

Population density by county



7.7 million people

White (64%), Hispanic (14%), Asian (9%),

Black (4%), AI/AN (1.6%)

29 federally recognized tribes

21% rural

15.5% foreign born

Mexico, India, China, Philippines, Vietnam

21.5% language other than English

Spanish (9%), Asian/PI (7%)



Utilizing the National Colorectal Cancer Data Dashboard

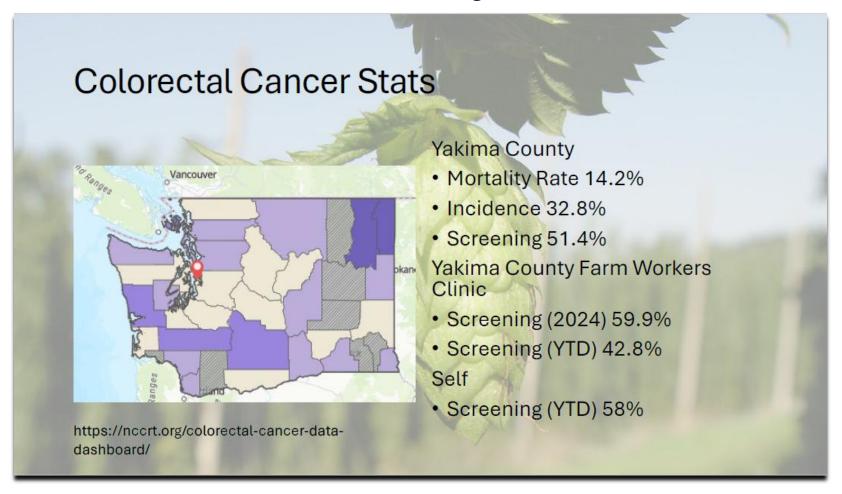
Three examples of uses:

- Presentation at the NW
 Colorectal Cancer Task Force
 Meeting highlighting CRC
 Screening & Outreach in Rural
 Washington
- Oregon Health Science University (OHSU), Knight Cancer Institute Community Outreach & Engagement in communities
- Colon at the State Capitol event with Legislators

May 2025 NW Colorectal Cancer Task Force Meeting

Presentation by Stephanie Hansen, DO, MBA, Internal Medicine, Yakima Farm Workers Clinic CRC Screening and Outreach in Rural Washington

Dr. Hansen utilized the Data Dashboard to review CRC rates in their catchment area, providing a data-informed foundation for the discussion on screening and outreach efforts in rural communities.



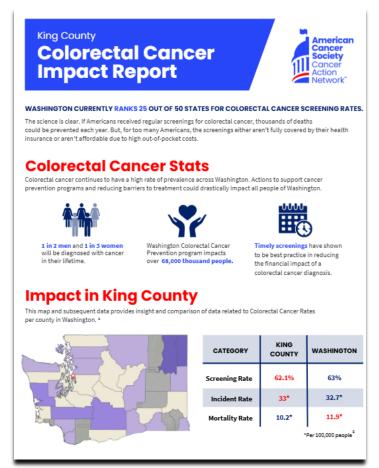
OHSU/Knight Cancer Institute Outreach

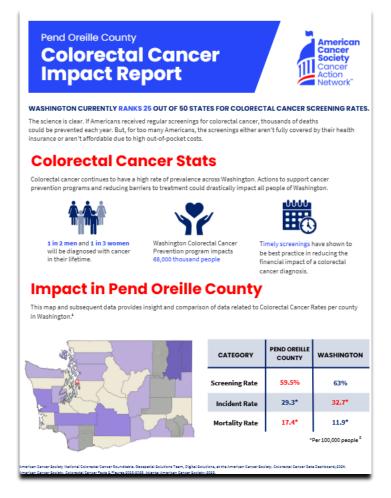
The Knight Cancer Institute's Mobile Outreach Van collaborates with communities throughout Oregon to deliver cancer education, early detection services, and access to treatment resources.

Derrick Zebroski, presenting Community Outreach & Engagement at OHSU, Knight Cancer Institute & serves as a member of the NW Colorectal Cancer Task Force Leadership, utilizes the Data Dashboard to access CRC rates in the communities where events are held. The date supports informed discussion around CRC screening and prevention.



WA ACS Cancer Action Network & ACS Patient Support Colon at the Event Capitol Event





WA ACS CAN & ACS Patient Support collaborated to develop county-specific information sheets utilizing data from the Data Dashboard.

During the Capitol event in March, legislators who toured the Colon exhibit received district-specific information sheets. These materials highlighted colorectal cancer incidence and mortality rates within their respective districts, underscoring the critical importance of CRC screening.





CRC Data Dashboard

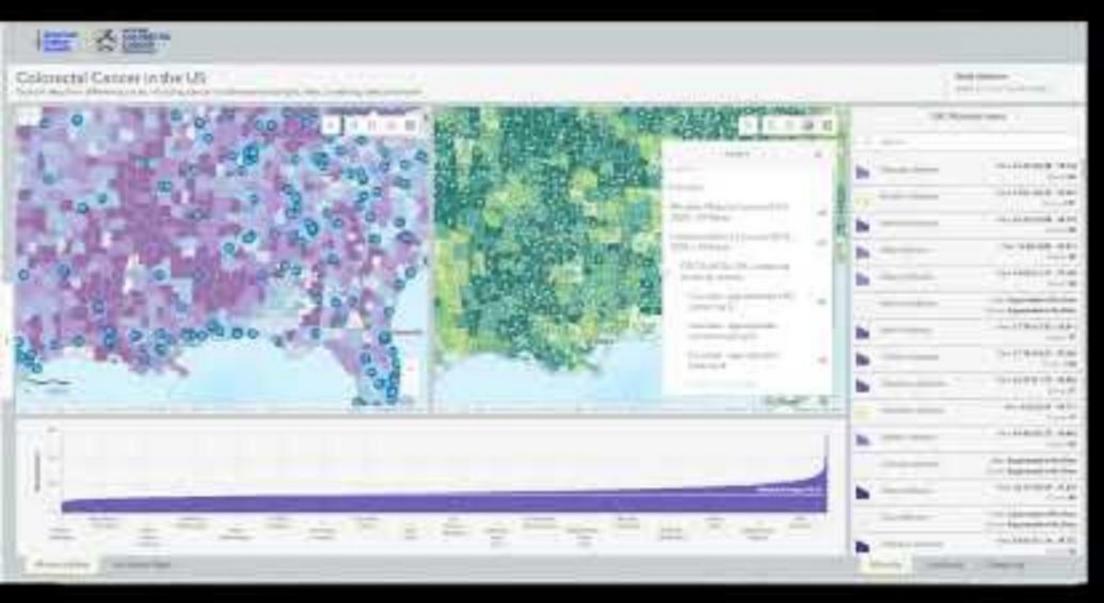


The **CRC Data Dashboard** is a dynamic national platform that integrates layers from multiple sources and allows you to interactively explore data using maps and graphs, including:

- CRC surveillance data (incidence rates, mortality rates)
- CRC screening rates
- Healthcare settings (Commission of Cancer hospitals, Federally Qualified Health Centers, National Cancer Institute Designated Cancer Centers)
- Demographics (age, race and Hispanic origin, gender identity and sexual orientation, poverty status, educational attainment)
- Additional health measures (smoking, binge drinking, obesity)

An Overview

CRC Data Dashboard Tutorial



Interactive Dashboard Practice





Using the CRC Data Dashboard, we are going to try to answer a few questions together:

- What does the CRC incidence and mortality rates look like in... [State]?
 - What health systems and clinics are available to those living in the county with the highest CRC incidence in the state?
 - O What about with the highest mortality?
 - o What does screening look like in that county?
- Special populations or characteristics of populations:
 - What percentage of the population in [state] is LGBTQIAA+?
 - What percentage of the population in [state] is living in poverty?
 - How many people in [state] are eligible for screening?





Visit the CRC Data Dashboard

- Assess the burden of CRC incidence and mortality in your state by county
- Assess CRC screening rates in your state by county

CRC Data Dashboard



Increasing CRC Screening in Rural Communities: A Practical Guide

CRC Data Resources

ACS CCC Cancer Data Resources



ACS Webinar for Cancer Coalitions Series



2025 Webinar Topics:

- 1. CCC Coalitions & the Evolving Landscape of Cancer Survivorship
- 2. Fueling the Mission: ACS Resources to Power Your Coalition's Work
- 3. What You Need to Know About Prostate Cancer Screening
- 4. Cancer and Climate Change
- 5. Advocacy vs Lobbying: What's the Difference?

Watch the Recordings Today!



Check out resources from ACS CCC!



acs4ccc.org

Your one-stop shop for coalition resources across ACS

Monthly E-Newsletter



ACS Coalition University

Brief, on-demand trainings for CCC coalition staff & leadership on topics such as.....





Thank you from your ACS CCC Team!



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