A graphic illustration of a diverse group of stylized human figures in various colors (purple, blue, red, grey) arranged in a crowd-like pattern.

# Responding to the COVID-19 Pandemic: Improving Cancer Screening and Care in the US

February 2022

Consensus Recommendations from the American Cancer Society  
National Consortium for Cancer Screening and Care

## WELCOME

Dear Friends and Colleagues,

On February 2, President Joe Biden reignited the nation's **Cancer Moonshot Initiative**, which calls for a 50% reduction in cancer deaths in the next 25 years. The goal is both bold and audacious, providing a fierce sense of urgency to collectively accelerate our efforts in cancer research, advocacy, and patient support.

The *Cancer Facts and Figures 2022* reports that from 1991 to 2019 the cancer death rate dropped 32%, averting an estimated 3.5 million deaths, a significant achievement in the fight against cancer.<sup>1</sup> However, the COVID-19 pandemic severely threatens the nation's progress in reducing cancer deaths, as pandemic-related impacts have persistently disrupted cancer screening, diagnosis, and treatment services across the nation. These disruptions are more significantly affecting historically disadvantaged communities that experience challenges in accessing quality medical care.<sup>2</sup>

Yet, I remain steadfast in my belief that the cancer fighting community can come through this stronger, more resilient, and better prepared to save more lives from cancer. Now is the time to work together to leverage collective actions to improve quality cancer screening and care services across the nation.

This is why I am so thrilled and encouraged to share the following report, which provides nine consensus recommendations that aim to improve cancer screening and care in the US while also minimizing negative effects on cancer services that have emerged during the COVID-19 pandemic.

To the members of the consortium, our generous funders, the participants who joined public forums, and to our future partners – thank you for your time, expertise, and outstanding partnership. The development of these recommendations demonstrates the cancer fighting community at its finest – collaborative, undaunted, and relentless in our pursuit for improved and equitable outcomes for all.

The American Cancer Society is excited to continue leading with you in our shared efforts to improve the lives of people with cancer and their families.

Sincerely,



Arif Kamal, MD, MBA, MHS

Chief Patient Officer, American Cancer Society

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## AMERICAN CANCER SOCIETY GET SCREENED INITIATIVE

In February 2021, the American Cancer Society (ACS) kicked off a multi-faceted and multi-sector nationwide initiative to respond to the impacts from the COVID-19 pandemic on cancer screening and care. The overarching purpose is to not only encourage individuals to continue (or begin) seeking appropriate cancer screening and follow-up care, but to also dive deeper into spotlighting and alleviating barriers to care which have only inflated and multiplied as the uncertainties of the pandemic continue to loom.

### ACS Get Screened Initiative Building Blocks



## A STATEMENT ON HEALTH EQUITY

**Cancer is a disease that affects everyone, but it does not affect everyone equally.**

The COVID-19 pandemic has compounded health inequities in cancer screening and care. These inequities reflect long-standing disparities in health quality and health outcomes for communities of color, the LGBTQ community, and rural communities. Evidence shows that the social determinants of health, including socioeconomic status, educational access, environment, social supports, and access to health care, continue to impact cancer care across the continuum.<sup>3</sup>

The ACS, along with our nonprofit advocacy affiliate the American Cancer Society Cancer Action Network<sup>SM</sup>, and the members of the ACS National Consortium believe that all people should have a fair and just opportunity to live a longer, healthier life free from cancer regardless of how much money they make, the color of their skin, their sexual orientation, gender identity, their disability status, or where they live. Health equity means that everyone has a fair and just opportunity to prevent, find, treat, and survive cancer, and different levels of resources and support are required for different groups.<sup>4</sup>

**ACS Health Equity principles** were utilized throughout the planning, recruitment, and development phases of the ACS National Consortium. Further, health equity was a consistent theme and topic during the ACS National Consortium's conversations. We are confident that the following recommendations will reflect areas where improvement is most needed to close gaps in cancer outcomes; however, as we transition from our development phase of work to our implementation phase of work, it is essential the dialogue around health equity remains at the forefront of our actions.

## ACS NATIONAL CONSORTIUM FOR CANCER SCREENING AND CARE

In March 2021, ACS created the **National Consortium for Cancer Screening and Care** (ACS National Consortium) to establish a collective national response to the COVID-19 pandemic's detrimental impact on cancer screening and care.

As an issue-focused, time-bound partnership, the ACS National Consortium works to identify key areas of opportunity where we, as a nation, can catalyze change by accelerating, strengthening, and mobilizing around sensible, but bold, cancer screening and care activities.

Together, consortium members have collaborated to create consensus recommendations that will minimize the negative effects emerging from the COVID-19 pandemic and, moreover, move us forward in improving cancer screening and care in the US.

### National Consortium Goal Statements



**Accelerate** our responses to longstanding and emerging barriers to cancer screening and care.



**Strengthen** our preparedness, infrastructure, and partnerships to minimize disruptions and address inequities.



**Mobilize** around sustained, coordinated commitments to promote cancer screening and care as a public health priority, and improve the long-term effectiveness of screening programs.

### Acknowledging Our Members

The ACS National Consortium is an invited group of over 30 individual **members** who represent government agencies, leading cancer advocacy organizations, professional societies and associations, research institutions, national roundtables and collaboratives, leading health organizations, and other relevant industry leaders and partners. This diverse, multi-sectored, and influential cohort of voices is relentlessly dedicated to the safe and equitable recovery of cancer screening and treatment services, as the nation continues to respond to the consequences of the COVID-19 pandemic.

**The American Cancer Society graciously thanks the following member organizations for their participation, support, and many contributions to this initiative and continued shared endeavors.**

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OCHIN

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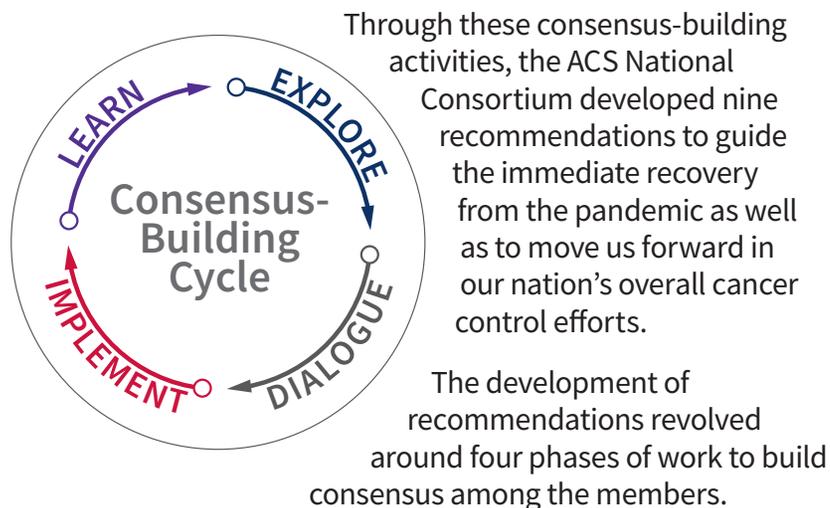
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American Cancer Society

**Megan Burns**  
American Cancer Society

## ALIGNING PRIORITIES AND FUTURE WORK

The ACS National Consortium officially launched on March 18, 2021, and conducted various consensus-building activities throughout the year.



### 2021 Consensus-Building Events and Activities

#### LEARN



Readings, lectures, and other materials provided to members

- **March 18** - Consortium Member Kickoff
- **August 18** - Utilizing simulation modeling to inform cancer control responses to the COVID-19 pandemic

#### EXPLORE



Virtual public forums held to move conversations forward

- **June 1** - Issue Hub 1: Accelerating What We Know Works in Cancer Screening and Care
- **September 9** - Issue Hub 2: Strengthening Public Health and Health Care Systems to Advance Cancer Screening and Care

#### DIALOGUE



Virtual summits held to build consensus and commitment

- **June 17** - Summit 1: Accelerate Goal
- **October 12** - Summit 2: Strengthen Goal
- **December 2** - Summit 3: Mobilize Goal

## IMPLEMENT: 2022 AND BEYOND

To ensure favorable outcomes from our collective work, the ACS National Consortium is committed to taking action and advancing key recommendations in 2022.

Ongoing activities will aim to sharpen our focus and target our efforts to activate national and local organizations in the implementation of consensus recommendations.

### Dissemination



Distribute recommendations widely through consortium members, promoting broader partner conversation and national interest.

### Implementation



Identify shared opportunities among members for action and advocacy, and empower other partners to contribute in implementation.

### Evaluation



Track the progress of recommendations, identify barriers to overcome, and celebrate achievements.

## ACS NATIONAL CONSORTIUM CONSENSUS RECOMMENDATIONS

The ACS National Consortium collaborated to develop recommendations that inform a national response and improvement plan for cancer screening and care. The recommendations aim to not only accelerate our recovery from the pandemic, but also to build resilience and improve the nation's ability to provide quality cancer screening and care for all.

### Accelerate Recommendations



**National Partnerships:** Accelerate the collective action of partnerships, coalitions, and roundtables to influence the adoption of evidence-based cancer screening interventions and policies.



**Coordinated Messaging:** Accelerate a coordinated, innovative campaign to promote cancer screening as a public health priority.



**Proven Programs:** Accelerate screening efforts by supporting and expanding proven programs that effectively reach communities that are historically excluded and underserved.



**Quality Measures:** Accelerate the adoption of improved quality measures, accountability measures, and institutional goal-setting that prioritize equitable outcomes.



**Pandemic-related Innovations:** Accelerate innovations and interventions that better expand equitable access to cancer screening and care.

### Strengthen Recommendations



**Public Trust:** Strengthen trust in public health and health care systems by using a forward-looking, whole-person approach.



**Comprehensive Preparedness Plans:** Strengthen health system and community preparedness plans for health disruptions by including cancer and other chronic disease care in the plans.



**Document and Understand Cancer Disparities:** Strengthen the understanding of outcomes in cancer screening and care by collecting and utilizing demographic and social determinants of health data.



**Transdisciplinary Teamwork:** Strengthen transdisciplinary teamwork in support of health care delivery.

## NATIONAL PARTNERSHIPS

### Recommendation

Accelerate the collective action of partnerships, coalitions, and roundtables to influence the adoption of evidence-based cancer screening interventions and policies.

### Strategies

#### Connect organizations and catalog resources.

Review the list of national partners to ensure diverse representation and perspectives. Continue prioritization of health equity and further the identification and sharing of evidence-based and promising practices, policies, and strategies in a coordinated way. Engage patient advocacy organizations to ensure the perspectives and experiences of those facing cancer helps in informing and guiding the work.

#### Facilitate implementation of best practices tailored to community needs.

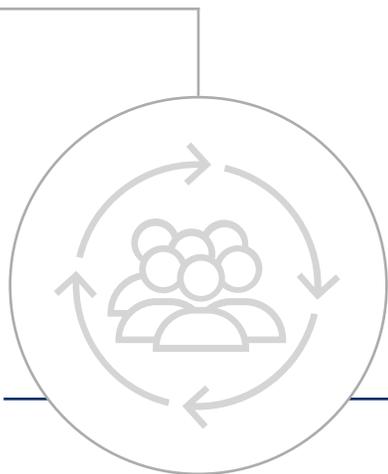
Make implementation guidance available and accessible to all. Facilitate the uptake of evidence-based practices and new research findings in clinical and community contexts.

#### Ensure sustainability of and collaboration across national roundtables.

Improve buy-in from members, stakeholders, and decision makers to increase and diversify membership and funding.

#### Evaluate impact.

Use top-down and bottom-up feedback for evaluation and course correction. Strengthen the literature around short- and long-term impacts of roundtable/coalition work on adoption of best practices in cancer prevention, screening, and care. Validate the ability of roundtables to drive implementation and discover innovative intervention approaches.



## COORDINATED MESSAGING

### Recommendation

Accelerate a coordinated, innovative campaign to promote cancer screening as a public health priority.

### Strategies

#### **Create a coordinated campaign.**

Deliver precision messaging on contemporary platforms that most effectively inform populations highly affected by cancer. Invite customization from participating organizations to meet the needs of those they serve. Learn and build from practices that resonated during the COVID-19 pandemic.

#### **Meet communities where they are.**

Recognize that communities receive health information and media through a variety of channels and utilize established and trusted message delivery options, including trusted messengers. Improve characterization of social contexts and develop language that better addresses social determinants of health-affecting cancer outcomes.

#### **Strive for well-informed decisions.**

Encourage organizations to address health literacy and develop cancer messaging that is not just understandable, but meaningful and usable.



## PROVEN PROGRAMS

### Recommendation

Accelerate screening efforts by supporting and expanding proven programs that effectively reach communities that are historically excluded and underserved.

### Strategies

#### **Sustain and grow patient navigation and community health worker programming.**

Advocate for financial reimbursement of patient navigation programs within health systems and community health worker programs within communities. Further, sustain the services via workforce training and advocacy for appropriate payment options.

#### **Increase implementation of effective patient navigation and community health worker models across communities most in need.**

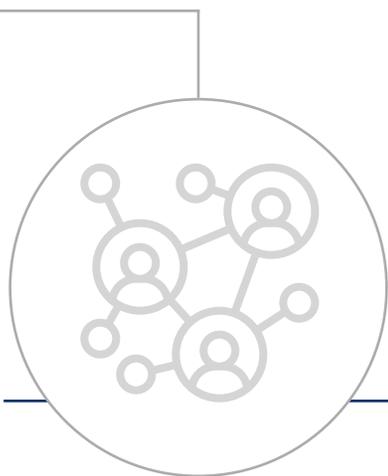
Improve support for community health workers and patient navigators to work with people who are underserved and/or most likely to have poor outcomes for all cancer types.

#### **Build linkages between health systems care coordination and community outreach.**

Promote more partnerships among health systems/providers and community agencies to increase access to clinical services. Utilize community health workers as well as patient navigators to support these linkages and enhance the collective impact on patient outcomes across the care continuum.

#### **Utilize cancer screening risk assessment strategies.**

Promote universal access to combined screening strategies for individuals based on risk, and incorporate processes for collection, documentation, tracking, and monitoring of individual risk-based information.



## QUALITY MEASURES

### Recommendation

Accelerate the adoption of improved quality measures, accountability measures, and institutional goal-setting that prioritize equitable outcomes.

### Strategies

#### National measures.

Propose and advocate for quality measures that better monitor on-time screening and follow-up care equally across populations.

#### National accreditation.

Encourage national standards for accreditation of screening that hold institutions accountable.

#### Health systems reporting.

Require health systems to report outcomes by key demographic and disparity factors (e.g., insurance status, race/ethnicity, sexual orientation, gender identification, etc.).

#### Electronic health records.

Encourage/develop the capacity to look at screening longitudinally over time (e.g., enhanced EHR tools). (Current measures do not show who is cycling in/out of being up-to-date.) Seek to configure clinical care systems to address social determinants of health.



## PANDEMIC-RELATED INNOVATIONS

### Recommendation

Accelerate innovations and interventions that better expand equitable access to cancer screening and care.

### Strategies

#### **Tailor the screening conversation to reduce fears and misinformation.**

Identify both new and persisting fears that lead to reluctance (procrastination of screening) in patient populations, and then tailor the communications approach to combat misinformation and decrease fears. Increased patient knowledge in the benefits of cancer screening can help overcome misconceptions.

#### **Increase access points for preventive care and promote remote screening options.**

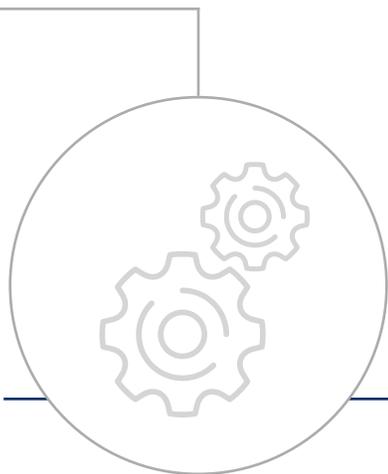
Expand cancer screening services to include addressing structural barriers to screening access (e.g., expanded clinic hours) and offer cancer screening services in non-traditional settings (e.g., retail, mobile van, at-home tests). Provide seamless navigation to the most appropriate resource in terms of patient-centricity and cost. Assess and improve the remote-to-in-person workflow to understand the reimbursement and policy implications so that providers are incentivized to use the most seamless route.

#### **Modify community tracing technology and staffing.**

Take best practices from contact tracing and technology, including utilization of lay community navigators for cancer screening purposes.

#### **Improve integration and adoption of technological innovations in cancer screening and care.**

Identify methods to improve screening and care that will benefit and support populations with disproportionate cancer burden. Ensure that innovations and technology improve outcomes and do not exacerbate disparities.



## PUBLIC TRUST

### Recommendation

Strengthen trust in public health and health care systems by using a forward-looking, whole-person approach.

### Strategies

#### Health care providers should adopt whole-person approaches.

Providers can use this approach to introduce timely and relevant cancer prevention and screening education when treating chronic conditions and co-morbidities.

- *Payment reform must support the whole-person approach in the clinical setting.*

#### The integration of whole-person approaches should include multiple health care disciplines.

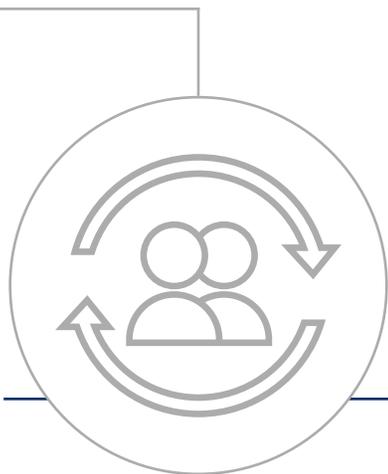
For example, in addition to health care providers, behavioral health experts, community health workers, and navigators should be included in cancer prevention, screening, and care interventions.

#### Improve the understanding of medical mistrust.

Conduct community-based participatory research to understand the issue. Use the findings to change organizational policies and practices, inform health care providers and professionals, and adjust messaging to reach apprehensive communities.

#### Empower communities to guide health messaging.

Ensure receiving communities are prepared to guide the content and delivery of messaging about cancer screening in culturally appropriate ways. Develop public awareness campaigns that build trust prior to interactions with health care providers.



## COMPREHENSIVE PREPAREDNESS PLANS

### Recommendation

Strengthen health system and community preparedness plans for health disruptions by including cancer and other chronic disease care in the plans.

### Strategies

#### **All health care organizations should delegate a champion to create a preparedness plan.**

Champions for organizations such as hospitals, community health centers, and state health departments should create preparedness plans that addresses cancer and other chronic diseases. Preparedness plans must include cancer needs (i.e., continuity of screening, diagnosis, treatment, and survivorship follow up) with a goal to minimize disruptions to care with careful consideration of underlying risks and health equity.

#### **Foster community partnerships, representation, and accountability.**

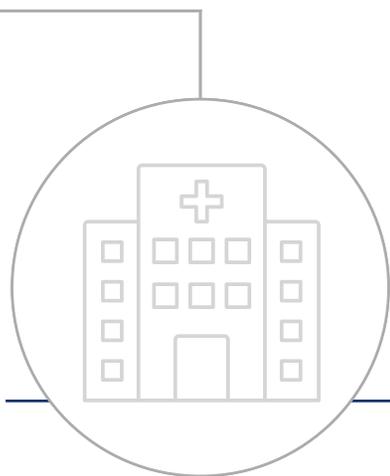
Health systems should be responsive to the communities they serve and create accountable partnerships. Patient advocacy groups and other community organizations should have representation via direct participation and influence in the development of health system preparedness plans.

#### **Create community messaging plans and structure.**

Ensure preparedness plans encompass all voices of the community and set up two-way communication paths between health systems and the community. This will help ensure that during the next emergency, including a pandemic, trust will be maintained and strengthened, and response messages will be effectively disseminated.

#### **Assess federal, state, and local policy options.**

Consider options that would provide resources to states and counties to help establish health preparedness emergency committees. The preparedness committees would help to clarify the roles at the federal, state, and local levels, and each committee would include a cancer expert.



## DOCUMENT AND UNDERSTAND CANCER DISPARITIES

### Recommendation

Strengthen the understanding of outcomes in cancer screening and care by collecting and utilizing demographic and social determinants of health data.

### Strategies

#### Identify key players.

Conduct an environmental scan for entities that have the capacity to both collect and utilize needed data. Include national and state agencies, electronic health record companies, and other pertinent data-collection organizations in the inventory produced by the environmental scan.

#### Recommend standards for data collection, reporting requirements, and corrective action plans.

Establish recommendations for best practices in data collection and utilization.

#### Enforce national quality standards.

Ensure that quality processes for the collection and reporting of data are followed. Provide organizational and professional training for the people who will collect the data.

#### Aggregate multiple sources of data.

Create a repository of de-identified and publicly available data, including data from the Health Resources & Services Administration (HRSA), the Centers for Medicare & Medicaid (CMS), private payers, and electronic health record vendors. Provide guidance on how to leverage the data at the state and local levels.

#### Utilize data for planning and evaluation.

Data should inform the development and evaluation of interventions that address disparities throughout the entire cancer care continuum, including survivorship.



## TRANSDISCIPLINARY TEAMWORK

### Recommendation

Strengthen transdisciplinary teamwork in support of health care delivery.

### Strategies

#### **Coordinate more connections between interdisciplinary health care teams.**

Create opportunities for connections between health care teams that do not normally work together. These connections occurred out of necessity throughout the pandemic in response to patient needs and/or safety and as a response to organizational needs and capacities.

#### **Establish a national culture of partnership.**

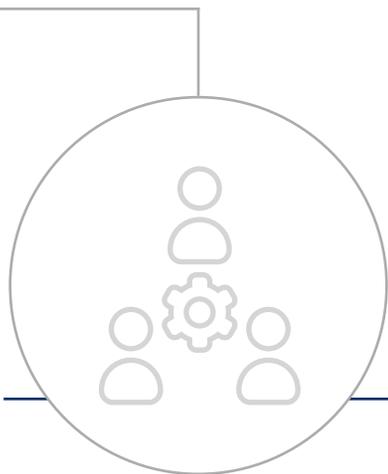
National agencies and organizations, like the Centers for Disease Control and Prevention (CDC) and the American Cancer Society, can broker longitudinal relationships and generate trust among public health, community, government, industry, professional societies, and health care organizations.

#### **Normalize conversations around science- and evidence-based approaches.**

Build respectful spaces for conversations and reconnection between health care and public health professionals, community leaders, and community/patient populations. National, state, and local partners should work together to disseminate tools that emphasize approaches informed by implementation science.

#### **Create transdisciplinary professional education opportunities.**

Work with traditional and non-traditional partners to create educational opportunities to build a complete foundation of health care and science literacy.



## GLOSSARY OF TERMS

This glossary provides brief explanations of some key terms used in this document.

- **Community health workers (CHWs)** are public health workers who are trusted by, and often members of, the community that they serve. CHWs bridge the gap between health care services and community members to improve cultural competency in care.<sup>5</sup>
- **Cultural competency** allows for effective health care across cultural and linguistic divides.<sup>6</sup> Generally, cultural competency is defined as the capacity to interact cross-culturally with understanding and appreciation.<sup>7</sup> On an institutional level, cultural competency manifests in transforming cross-cultural knowledge into high-level “standards, policies, practices, and attitudes” to improve health outcomes.<sup>6</sup>
- **Health disparities** are a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantages and other characteristics historically linked to discrimination or exclusion. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health. Changes in health disparities help us measure whether there is progress toward health equity.<sup>6,8</sup>
- **Health equity** is fair and just treatment, access, opportunity, and advancement for everyone. It requires us to address needs and eliminate barriers that prevent the full participation and success of all people. Equity acknowledges that people have different circumstances, and because of this, the tools and resources needed will be different from one person to the next.<sup>6,8</sup>
- **Health inequities** are unfair, unjust, and avoidable health outcomes or differences that are shaped by systemic injustice.<sup>6,8</sup>
- The updated CDC definition of **health literacy** is divided into two categories: personal and organizational health literacy. Personal health literacy refers to the ability of an individual to receive and process information to make informed decisions about their health.<sup>9</sup> Organizational health literacy, on the other hand, pertains to the capacity of organizations to enable and empower individuals in their health literacy. The CDC definition emphasizes a public health perspective and the ability of individuals to utilize information to make well-informed decisions.<sup>10</sup> The NIH National Library of Medicine also highlights digital health literacy (the ability to seek information from electronic sources) and numeracy (mathematical skills required in an increasingly data-driven society).<sup>11</sup>
- **Medical mistrust** can arise when patients experience prejudice, stigma, or bias from health care providers. Medical mistrust can also be bred from historical events or past experiences. These negative experiences can damage the trust required for successful medical treatment and can perpetuate existing health inequities.<sup>12</sup> This can manifest in lapsed screenings and underutilization of health care resources, among other things.<sup>13</sup>
- **Patient navigation** in the context of cancer care is the process of providing individualized support to patients, families, and caregivers to navigate health systems and ensure quality care through all stages, from pre-diagnosis through follow-up care.<sup>14</sup>

- **Precision messaging** refers to the targeting of medical messaging to meet a patient’s level of health literacy. Similar to how precision medicine seeks to personalize care, precision messaging requires that providers meet patients where they are when communicating important medical information.<sup>15</sup>
- A **preparedness plan** allows for the timely evaluation of, reaction to, and recovery from an emergency (Preparedness planning, 2018). While infrastructure is often the first priority in the event of a natural disaster, public health professionals have begun to center vulnerable populations, such as people with cancer, in the discussion of disaster preparedness. Natural disasters can affect access to cancer screening, diagnostics, and delivery of care, as well as harm social support networks.<sup>16</sup> A preparedness plan, including measures such as surge capacity in hospitals and other sites, is necessary to ensure continuity of care.<sup>17</sup>
- **Social determinants of health** are environmental factors—within homes, workplaces, recreational sites, and elsewhere—that affect the health outcomes of individuals. According to Healthy People 2030, social determinants of health pertain to the five domains of health care, education, community, economic stability, and the built environment. Inequity in these realms can exacerbate health disparities.<sup>18</sup>
- **Transdisciplinary health care** teams learn and teach across their disciplines to enhance the effectiveness of the team. These teams involve patients, community members, and other stakeholders. This collaboration is based on trust and the sharing of roles.<sup>19</sup>
  - **Interdisciplinary care** incorporates the knowledge and tools from different health care disciplines to provide patients with the highest quality of care. Characteristics of interdisciplinary teams include good communication strategies, well-defined procedures, and a collaborative team culture.<sup>20</sup>
- The **whole-person approach** is defined as an approach to medicine that considers the patient as a composite of various experiences and identities, rather than only body systems, that affect their wellbeing.<sup>21</sup> Taking into account mental health, social relationships, or other lifestyle factors, for example, can provide more individualized care, making the patient feel heard and respected.<sup>22</sup> By considering the different biological, behavioral, social, and environmental aspects of a person, treatment can support health and resilience over the course of one’s life.<sup>21</sup>

The American Cancer Society would like to recognize and thank the sponsors of ACS' enterprise-wide *Get Screened* initiative, of which the National Consortium is a core component.

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