

Evidence-Based Cancer Control Programs (EBCCP) Connection



March 2022

EBCCP Is Accepting New Programs

The Evidence-Based Cancer Control Programs (EBCCP) website is now accepting new programs! If your intervention has positive outcomes in the areas of breast cancer screening, cervical cancer screening, colorectal cancer screening, diet/nutrition, HPV vaccination, informed decision making, obesity, physical activity, prostate cancer screening, public health genomics, sun safety, survivorship/supportive care, and/or tobacco control, consider submitting your program for inclusion on the EBCCP website. We also ask that you share this call of submissions with your colleagues and partners. For more information on evidence-based program submission, see [“EBCCP Submission and Review Process: A Guide for Program Developers.”](#)

What Is Your EBCCP Story?

Have you implemented an EBCCP program? Is your program featured on the EBCCP website? Do you have a connection to the EBCCP website? If you answered yes to any of these questions, please use the image below and tweet about your EBCCP story. Be sure to use the hashtag #MyEBCCPStory, and follow EBCCP on Twitter [@NCI_ImpISci](#).

Also, if you have implemented one of the 202 EBCCP programs and you wish to share your implementation story to be featured as a case study ([Insights from the Cancer Control Field](#)), [contact us](#) to be interviewed.

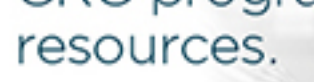
#MyEBCCPStory



Featured Program

March is National
**Colorectal
Cancer (CRC)**
Awareness
Month.

View our
CRC program
resources.



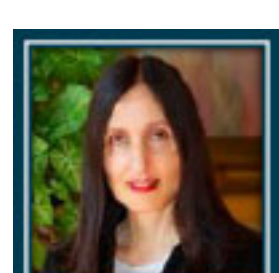
Culturally Tailored Navigator Intervention Program for Colorectal Cancer Screening

The Culturally Tailored Navigator Intervention Program for Colorectal Cancer Screening is designed to increase colorectal cancer screening (CRC) among low-income adults. This intervention is led by multilingual navigators who meet with patients to educate them on CRC, assess and address barriers to screening, schedule appointments, translate information, and arrange transportation. The study, reviewed by the [EBCCP](#) team for the program summary, showed an increase in CRC screening, colonoscopy, and detection of polyps. Keep reading the newsletter for updates from the program developer and implementer, and see the [program summary](#) to learn more.

Do you have questions about how to implement the program? [View the program's materials or contact the developer to learn more.](#)

Spotlights

Meet the Developer



Sanja Percac-Lima, M.D., Ph.D.

Dr. Sanja Percac-Lima is the program developer of the featured program, an associate professor of medicine at Harvard Medical School, and a primary care physician at Massachusetts General Hospital (MGH). She received her M.D. and Ph.D. from the University of Zagreb School of Medicine in Croatia. After coming to the United States, she completed a fellowship in medical education at Harvard Medical School, an internal medicine residency training at Newton-Wellesley Hospital in Newton, Massachusetts, and a fellowship in geriatrics at Mount Sinai Hospital in New York City. She has experience working in a community health center located in Chelsea, Massachusetts, which serves ethnically diverse, low-income, immigrant populations. Her research focuses on eliminating disparities in cancer care among vulnerable populations. As the MGH Center for Community Health Improvement Physician Leader for Cancer Outreach Programs, she coordinated all patient navigator programs for cancer prevention. She also designed the Komen Breast Cancer Screening patient navigator program that eliminated disparities in breast cancer screening in women refugees from Somalia, Bosnia, and the Middle East.

Dr. Percac-Lima answered some implementation questions about the Culturally Tailored Navigator Intervention Program for Colorectal Cancer Screening:

What aspects of the program can be adapted without it losing its effectiveness? Are there specific audiences (beyond those included in the research study) that you feel this program could be adapted for?

Patient navigator programs have been shown to improve cancer care in vulnerable populations. Although our program focused on colorectal cancer screening with an emphasis on colonoscopy, such programs are also effective for breast and cervical cancer screening. Our community health center serves a predominantly poor, immigrant, underserved, Latino and non-English-speaking population, but the program can be adapted to different settings and other patient groups. We think the key is that the patient navigators come from the community they serve and are well-trained to provide culturally appropriate education and navigation. In our program, we exclude patients with dementia and severe mental disease such as schizophrenia, as well as those with ongoing serious, acute health issues where prevention is not appropriate.

In your opinion, what are the facilitators to implementation? What might be some challenges?

Important factors in successfully implementing our program included obtaining “buy in” from all the stakeholders in our community as well as local “experts” in gastroenterology, conducting community engagement, and assessing disparities and quality measurement and improvement. All my colleagues in the practice and community health team at the health center embraced the program and supported its implementation. The clinical research team helped us design a rigorous evaluation for the program.

Challenges in disseminating this work to other settings include getting support within your practice, obtaining funding to support the navigators, and coordinating with a local gastroenterology practice. Then, a continuous evaluation process is needed to troubleshoot problems that develop. The patient-related challenges include transportation, insurance issues, and preparation for colonoscopy.

Next Issue

Share the newsletter with your colleagues and peers and stay engaged with us by subscribing to this newsletter! You can also follow us on Twitter ([@NCI_ImpISci](#)) to stay current with EBCCP website updates. If you were sent this newsletter by a peer, you may subscribe here: <https://ebccp.cancercontrol.cancer.gov/newsletter.do> If you no longer wish to stay up to date with EBCCP, you may unsubscribe here: <https://ebccp.cancercontrol.cancer.gov/newsletter.do>

Feedback

We want your feedback! Do you like what you see? Do you have any recommendations to improve the EBCCP website? Do you plan to share the website with your colleagues and peers? [Submit your feedback here](#)—we would love to hear from you.