



NATIONAL ASSOCIATION OF  
**CHRONIC DISEASE DIRECTORS**  
Promoting Health. Preventing Disease.

## **NACDD Peer-to-Peer Learning Call Series March 4-10, 2021**

### **After One Year of COVID-19: Challenges and Opportunities for Sustaining and Increasing Cancer Screening Summary of Innovations**

After one year of the COVID-19 pandemic and the resulting changes required in NBCCEDP and CRCCP programs, the Peer-to-Peer Learning Program continued its work in offering a learning platform in which NBCCEDP and CRCCP awardees can discuss programmatic innovations and challenges. NACDD facilitated five one-hour calls dividing awardees from NBCCEDP and CRCCP programs with two calls each. A fifth call was specifically for PIJ awardees. The calls were structured with one kick-off presentation from an awardee, followed by breakout group discussions. The following questions were explored:

- What continues to be a major challenge for you after a year of dealing with COVID-19?
- How have your partnerships changed? For better? For worse? And how can you get them back on track if needed?
- Are there specific partners and opportunities to promote and facilitate cancer screenings in combination with COVID-19 vaccination efforts?

The remainder of this document summarizes the most salient innovations that were identified during the discussions.

#### **Innovations Related to Program and Staffing Changes**

##### **Addressing Needs of Staff**

- Onboarding new programmatic staff virtually, with frequent check-ins.
- Creating or strengthening connections with programs across the nation who may have advice or are struggling with similar challenges.
- Connecting on lunch hours or before/after work with staff that have been deployed to COVID-19 response – to maintain internal relationships.

##### **Focusing Work on Different Program Components**

- Utilizing staff to update program communication materials.
- Processing electronically – not being dependent on paper or on-site/in the office tasks.
  - Using secure file transfer protocols to share/receive information from providers
- Creating partner-to-partner type calls with partners/grantees to share information and tips.

##### **Adapting to the New Norm**

- Recognizing that it takes longer to get programmatic/operational tasks done – both within the state system and with partners – and to not be frustrated.
- Continuing to encourage healthy working at home strategies (e.g., walks, lunch breaks).
- Looking at alternative ways to manage state-wide programs in the future that allow more flexibility. (Recognizing pluses/minuses with centralized and de-centralized approaches.)

## **Innovations Related to Working with Partners**

### **Assessing Partner Status, Capacity, and Offering Appropriate Assistance**

- Working with other programs at the health department to share information on the status of partners – so that partners are not contacted by multiple programs.
- Working with providers overwhelmed with COVID-19 efforts to get a list of clients that are overdue for screening and referring them to other facilities.
- Continuing to communicate with partners in whatever way is most comfortable for them (e.g., zoom, emails, phone calls), to assure the relationship is sustained.
- Reaching out to other partners such as YMCAs to help with enrollment in the program due to several clinics' inability to conduct outreach.
- Identifying partners that have closed their operations (typically small grassroots community organizations), at least temporarily, and identifying new partners to assist with promotion.
- Recognizing that there has been significant staff turnover in the clinics and re-training/additional training may be necessary.
- Creating “swiss cheese” press releases and materials for partners so they do not have to take the time to develop their own.
- Providing additional marketing funds to partners, recognizing they need to do more marketing than usual to increase screening.
- Utilizing virtual workspace approaches (e.g., [Lucid Chart](#)) to interact with providers remotely, to assist with clinic workflow solutions.

### **Capturing Data Related to What is Happening Regarding Screening**

- Collecting screening data across the state, so trends and problem areas can be identified and communicated with stakeholders, with the goal of identifying specific ways to increase screening.

### **Identifying Problem Specific Issues and Designing Strategies to Address Them**

- Recognizing that the number of “no-shows” for appointments is increasing and identifying outreach strategies to encourage clients show for appointments.
- Identifying transportation solutions because in many communities the availability of public transportation has decreased.
- Increasing mobile mammography because clients are hesitant to come to clinic.
- Innovating the ways clinics track and record data that programs need to reduce duplication or staff burden (e.g., [RedCap](#) forms for data collection).
  - RedCap can be shared among programs so that people are not creating something new and can adapt forms to their program needs.

## **Innovations Related to Leveraging Opportunities with COVID Vaccination Efforts**

- Working with other chronic disease programs to disseminate healthy behavior and screening messages at COVID-19 vaccination sites, including use of posters.
- Using patient navigators to navigate clients to both vaccinations and screening; offering screening when contacting patients to schedule a COVID vaccination.
- Utilizing new tools and messages from CDC and ACS to help convey messages about the importance of cancer screening in the COVID era (<https://www.acs4ccc.org/cancer-screening-and-care-during-the-covid-19-pandemic/>).