To help increase colorectal cancer screening rates, the National Association of Chronic Disease Directors, in partnership with Kaiser Permanente Center for Health Research and with support from CDC, has created a new Mailed FIT Implementation Guide (http://www.chronicdisease.org/mailedfit2021). Designed for use in diverse health care settings, the guide provides a step-by-step process for planning and implementing a mailed FIT (fecal immunochemical test) outreach program to help increase colorectal cancer screening rates. This companion document is filled with examples of tweets, Facebook and website posts, and newsletter language that can be used to reach out to your partners and help them recognize the benefits of a mailed FIT initiative that will improve the health of the populations within their communities.

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Tweets (280 characters)

The maximum tweet length is 280 characters, which includes spaces, #hashtags, and the link (which is automatically shrunk to 23 characters). You may want to append a #hashtag for your organization or campaign to the tweet. Use the Character Counter website to count your characters and see how much space you have left. [https://charactercounter.cc/](https://charactercounter.cc/)

For clinicians - 221 characters; 59 characters available for your hashtags

Mailed FIT kits can increase CRC screening rates because they are cost-effective, at-home screening solutions. The new [Mailed FIT Implementation Guide](http://www.chronicdisease.org/mailedfit2021) shows you how to create a program of your own.

For clinicians - 228 characters; 52 characters available for your hashtags

The new [Mailed FIT Implementation Guide](http://www.chronicdisease.org/mailedfit2021) can help you to create a proven mailed FIT outreach program that uses convenient, at-home, and non-invasive FIT tests that can increase your screening rates by 28%.

For clinicians - 243 characters; 37 characters maximum available for your hashtags:

The new 2021 USPSTF guidelines recommends CRC screening for adults beginning at age 45. The new [Mailed FIT Implementation Guide](http://www.chronicdisease.org/mailedfit2021) can help you to handle the increased demand for screening with mailed FIT outreach program.

For clinicians - 246 characters; 34 characters available for your hashtags

The five-year survival rate after CRC diagnosis is 90% when cancer is detected early. The new [Mailed FIT Implementation Guide](http://www.chronicdisease.org/mailedfit2021) shows how you can help patients to detect cancer early with convenient, at-home screening tests.

For health systems staff - 220 characters; 60 characters available for your hashtags

The new [Mailed FIT Implementation Guide](http://www.chronicdisease.org/mailedfit2021) shows you how to design and implement a proven solution for sending convenient, at-home FIT kits to patients to increase your CRC screening rates up to 28%.
Facebook Posts

Facebook posts only show the first 400 characters “above the fold,” so if you want your message to be seen by readers without forcing them to click to open the rest of your message, keep your post under 400 characters. The following short posts are under 400 characters so that Facebook will show the complete message. Readers will not have to click to finish reading these messages.

For clinicians - 383 characters; 17 available for your hashtags

Use a Mailed FIT Outreach screening program to catch colorectal cancer (CRC) early. The new Mailed FIT Implementation Guide shows you how to increase screening rates using cost-effective, at-home, FIT screening solutions. Seven randomized-controlled trials found that mailed FIT outreach programs could increase screening rates by 28%. http://www.chronicdisease.org/mailedfit2021

For clinicians - 400 characters

The new Mailed FIT Implementation Guide shows you how to design and implement a Mailed FIT Outreach program, including information on key partnerships, clinic preparation, a flowchart of operational steps, and recommendations for follow-up. Seven randomized-controlled trials found that mailed FIT outreach programs could increase screening rates by 28%. http://www.chronicdisease.org/mailedfit2021

For clinicians - 400 characters

The new Mailed FIT Implementation Guide shows you how to create a proven mailed FIT outreach program that uses convenient, at-home FIT tests to increase your CRC screening rates. Wordless instructions make them accessible to people in all languages and at all educational levels. Mailed FIT Outreach programs have increased screening rates by 28%. http://www.chronicdisease.org/mailedfit2021
New Mailed FIT Implementation Guide for Clinicians to Increase Colorectal Cancer Screening Rates

The National Association of Chronic Disease Directors, in partnership with Kaiser Permanente and with support from CDC, has created a new Mailed FIT Implementation Guide (http://www.chronicdisease.org/mailedfit2021) to help clinicians increase their CRC screening rates with a mailed FIT outreach program.

Learn How to Design and Implement Your Own Mailed FIT Outreach Program

The new guide provides information on program design, clinic preparation, choosing a FIT kit, specific procedural flowchart steps for operating the program, follow-up strategies for abnormal results, patient education resources, and guidance on ensuring full insurance coverage. It also provides guidance on how to sustain a mailed FIT outreach program.

Colorectal cancer (CRC) is the second-leading cause of cancer deaths in the United States, but patient lives can be saved by screening tests that detect cancer early when it is easier to treat.

Research shows that the five-year survival rate after a CRC diagnosis is 90% when cancer is detected early but only 8% when detected in the advanced stage. Thus, detecting cancer early with screening tests is important for increased survival rates.

However, many age-eligible adults in the United States are not being screened as recommended by current guidelines; for example, the 2018 Behavioral Risk Factor Surveillance System survey showed that only 68.8% of eligible adults were up to date for CRC screening.

Furthermore, the new 2021 United States Preventive Services Task Force (USPSTF) guidelines have lowered the starting age for adult screening from age 50 to age 45 because CRC is increasing in people younger than 50. Estimates from 2020 show that 17,930 people under 50 were diagnosed with new CRC cases. The new lower starting age will increase the demand for screening and make it even more important to maintain and increase CRC screening rates.

Screening is a Proven Strategy for Detecting CRC Cancer

The best way to detect cancer early is with screening tests such as colonoscopy, sigmoidoscopy, CT colonography, FIT (fecal immunochemical test), or stool DNA tests.

But many people face barriers and disparities that hinder their access to such CRC screening tests. For example, common patient barriers to colonoscopy include issues around insurance coverage, time off work, transportation to and from the colonoscopy, and the inconvenience of clearing out the colon before the procedure.
Mailed FIT Outreach Programs Can Overcome Barriers and Increase Screening Rates

Mailed FIT outreach programs can help to overcome many common screening barriers around time and transportation logistics, disparities, and inconveniences.

- For patients, mailed FIT outreach kits offer a convenient, at-home, minimally-invasive alternative to colonoscopy. Mailed FIT kits bypass barriers involving time off work, transportation, and insurance coverage issues. Mailed FIT kits even have wordless instructions that overcome disparities caused by language barriers.

- For clinics, mailed FIT outreach programs offer many advantages. Foremost, they are proven solutions that have consistently shown 22%-28% screening rate increases where they have been implemented. Mailed FIT programs are cost-effective because of their low operational costs and population-based strategies that require less time from primary care providers.

Before FITs are mailed out, a follow-up protocol should be in place to ensure a timely response to abnormal FIT results. Once mailed FIT results from patients have been received, clinics can follow up on abnormal results with more detailed screening investigations.

The New NACDD Mailed FIT Implementation Guide

The new NACDD Mailed FIT Implementation Guide is based on the proven Kaiser Permanente STOP CRC Program and on the latest findings from the 2019 CDC Mailed FIT Summit. The guide provides healthcare professionals with information on:

- An overview of the benefits of Mailed FIT Outreach programs for clinics and health plans
- Discussions on building FIT capacity and preparing for an outreach program
- Guidance on selecting a FIT kit and mailing options
- A flowchart of procedural steps for executing a mailed FIT outreach program
- Guidance on follow-up strategies for abnormal results
- Guidance on insurance coverage of follow-up colonoscopy
- Guidance on developing a patient-educational campaign
- Template patient letters and introductory letters for communications
- Guidance on how to sustain a mailed FIT outreach program
- And inspirational stories from other successful programs

This comprehensive guide also includes example steps for sending out introductory FIT letters, a template call reminder report, and an appendix containing other useful resources.

Download the new Mailed FIT Implementation Guide today!
http://www.chronicdisease.org/mailedfit2021

Email to Professional Organizations

Subject: **New Mailed FIT Outreach Implementation Guide**

Dear [Organization Communications Leader],

The National Association of Chronic Disease Directors, in partnership with Kaiser Permanente and with support from CDC, has created a new **Mailed FIT Implementation Guide** (http://www.chronicdisease.org/mailedfit2021) to help clinicians increase their colorectal cancer (CRC) screening rates by implementing a mailed FIT outreach program.

The guide gives clinicians, health plans, and health systems guidance on how to design and implement proven mailed FIT (fecal immunochemical test) outreach programs to increase CRC screening rates among their patient populations.

Please share this new guide with your members so they will know about the latest mailed FIT outreach strategies for saving lives by detecting CRC early.

The new guide is based on the proven Kaiser Permanente STOP CRC Program and on the latest findings from the 2019 CDC Mailed FIT Summit. The guide provides healthcare professionals with information on

- An overview of the benefits of Mailed FIT Outreach programs for clinics and health plans
- Discussions on building FIT capacity and preparing for an outreach program
- Guidance on selecting a FIT kit and mailing options
- A flowchart of procedural steps for executing a mailed FIT outreach program
- Guidance on follow-up strategies for abnormal results
- Guidance on insurance coverage of follow-up colonoscopies
- Guidance on developing a patient-educational campaign
- Template patient letters and introductory letters for communications
- Guidance on how to sustain a mailed FIT outreach program
- And inspirational stories from other successful programs

This comprehensive guide also includes example steps for sending out introductory FIT letters, a template call reminder report, and an appendix containing other useful resources.

Download and share the new **Mailed FIT Implementation Guide** today! http://www.chronicdisease.org/mailedfit2021

For questions or more information, simply reply to this email!

Sincerely, [insert name here]
USPSTF Lowers Starting Age for Colorectal Cancer Screening to 45 – Mailed FIT Outreach Programs Help to Increase Screening Rates

In 2021, the United States Preventive Services Task Force guidelines lowered the starting age for adult screening from age 50 to age 45 because colorectal cancer rates are increasing in people younger than 50.

This means that even more adults will require screening for colorectal cancer (CRC), and more adults will not be up to date with the recommended screening guidelines.

The National Association of Chronic Disease Directors (NACDD), in partnership with Kaiser Permanente and with support from CDC, has released a new Mailed FIT Implementation Guide (http://www.chronicdisease.org/mailedfit2021) that will help clinics and health plans to design and implement their own mailed FIT (fecal immunochemical test) outreach program to help address the increased need for CRC screening.

Screening is a Proven Strategy for Detecting CRC Cancer

Regular screening is an effective way to reduce incidence and mortality from CRC because screening can detect cancers earlier when they are easier to treat.

High screening rates are the best way to increase early detections, and CRC screening can be achieved with tests such as colonoscopy, sigmoidoscopy, CT colonography, FIT, or stool DNA tests.

Unfortunately, there are many barriers that patients must overcome to access CRC screening services. For example, common barriers to colonoscopy exist around taking time off work, transportation to and from clinics, and avoiding the necessary preparation steps for colonoscopy (clearing out the colon). Insurance coverage can also be a barrier.

Mailed FIT Outreach Programs Can Overcome Barriers and Increase Screening Rates

One of the best options for clinics to increase screening rates is to use a Mailed FIT Outreach program. In a mailed FIT program, FIT screening tests are mailed to patients who do the screening procedures in the privacy and comfort of their own homes. No colon preparation is required with FIT kits. After completion, patients mail the FIT kits back to the clinic for laboratory analysis.

Mailed FIT outreach programs bypass or overcome many of the common barriers listed above. Mailed FIT kits bypass transportation issues, do not require time off work, are non-invasive, and can be completed by patients at home. The programs are also advantageous for health systems because they are cost-effective and have a proven record of increasing screening rates by up to 28%.
The New NACDD Mailed FIT Implementation Guide

The new NACDD Mailed FIT Implementation Guide is based on the proven Kaiser Permanente STOP CRC Program and on the latest findings from the 2019 CDC Mailed FIT Summit. The guide provides healthcare professionals with information on:

- An overview of the benefits of Mailed FIT Outreach programs for clinics and health plans
- Discussions on building FIT capacity and preparing for an outreach program
- Guidance on selecting a FIT kit and mailing options
- A flowchart of procedural steps for executing a mailed FIT outreach program
- Guidance on follow-up strategies for abnormal results
- Guidance on insurance coverage of follow-up colonoscopies
- Guidance on developing a patient education campaign
- Template patient letters and introductory letters for communications
- Guidance on how to sustain a mailed FIT outreach program
- Inspirational stories from other successful programs

The comprehensive guide also includes example steps for sending out introductory FIT letters, a template call reminder report, and an appendix containing other useful resources.

Download the new Mailed FIT Implementation Guide now and see how it can help you to start or improve your own mailed FIT outreach program! [http://www.chronicdisease.org/mailedfit2021](http://www.chronicdisease.org/mailedfit2021)


New Mailed FIT Implementation Guide Helps Clinics to Increase Colorectal Cancer Screening Rates

The National Association of Chronic Disease Directors, in partnership with Kaiser Permanente and with support from CDC, has released a new Mailed FIT Implementation Guide ([http://www.chronicdisease.org/mailedfit2021](http://www.chronicdisease.org/mailedfit2021)) that helps clinics and health plans to design and implement effective mailed FIT (fecal immunochemical test) outreach programs to increase colorectal cancer screening rates among their patient populations.

Colorectal cancer (CRC) is the second-leading cause of cancer death in the United States, but it is possible to save or extend patient lives by using screening tests to detect cancers early when they are easier to treat.

Research shows that the five-year survival rate after a CRC diagnosis is 90% when cancer is detected early but only 8% when detected in the advanced stage. Thus, detecting cancer early is important for increased patient survival rates.

Despite the helpfulness of regular CRC screening, many age-eligible adults in the United States are not being screened as recommended by current guidelines; for example, the 2018 Behavioral Risk Factor Surveillance System survey showed that only 68.8% of eligible adults were up to date for CRC screening.
Moreover, many additional adults will require screening in the future because the new 2021 United States Preventive Services Task Force (USPSTF) guidelines lowered the starting age for adult screening from age 50 to age 45.

The starting age was lowered because colorectal cancer is increasing in people younger than 50; estimates from 2020 show that 17,930 people under 50 were diagnosed with new CRC cases. The new lower starting age will increase the demand for screening and make it even more important to maintain and increase CRC screening rates.

Screening is a Proven Strategy for Detecting CRC Cancer

The best way to detect cancer early is with regular screening tests such as colonoscopy, sigmoidoscopy, CT colonography, FIT (fecal immunochemical test), or stool DNA tests.

But many people face barriers and disparities that hinder their access to screening tests. For example, common patient barriers to colonoscopy include issues around insurance coverage, time off work, transportation to and from the clinic, and the inconvenience of preparing their colon for the colonoscopy procedure.

Mailed FIT Outreach Programs Can Overcome Barriers and Increase Screening Rates

One of the best options for clinics to increase screening rates is to use a Mailed FIT Outreach program. In a mailed FIT outreach program, FIT screening tests are mailed to patients who do the screening procedures in the privacy and comfort of their own homes. No colon preparation is required with FIT kits. After completion, patients mail the FIT kits back to the clinic for laboratory analysis.

- For patients, mailed FIT kits offer a convenient, at-home, minimally-invasive alternative to colonoscopy. Mailed FIT kits bypass barriers involving time off work, transportation, and insurance coverage issues. Mailed FIT kits also have wordless instructions that overcome disparities caused by language barriers.

- For clinics, mailed FIT outreach programs offer many advantages. Foremost, they are proven solutions that have consistently shown 22%-28% screening rate increases where they have been implemented. Mailed FIT outreach programs are also cost-effective because of their low operational costs and population-based strategies that require less time from primary care providers.

Before FITs are mailed out, a follow-up protocol should be in place to ensure a timely response to abnormal FIT results. Once mailed FIT results from patients have been received, clinics can follow up on abnormal results with more detailed screening investigations.

The New NACDD Mailed FIT Implementation Guide

To increase the use of mailed FIT outreach programs, the National Association of Chronic Disease Directors, in partnership with Kaiser Permanente and with support from CDC, has created a new Mailed FIT Implementation Guide to help clinicians increase their CRC screening rates with a mailed FIT outreach program.

The guide shows healthcare professionals how to design and implement a mailed FIT outreach program that suits the needs of their healthcare system and patient population. The guide provides guidance on program design, clinic preparation, choosing a FIT kit, specific procedural flowchart steps for operating the program, follow-up strategies for abnormal results, guidance on insurance coverage of follow-up colonoscopies, and inspiring success stories from others. The guide also provides helpful template patient letters and introductory letters for communications, and guidance on how to sustain a mailed FIT outreach program.

Download the new Mailed FIT Implementation Guide today! http://www.chronicdisease.org/mailedfit2021

Mailed FIT Outreach Programs Increase Colorectal Cancer Screening Rates

Colorectal cancer (CRC) is the second-leading cause of cancer death in the United States, but regular screening for CRC can save or extend patient lives by detecting cancers early when they are easier to treat.

Research shows that the five-year survival rate after a CRC diagnosis is 90% when cancer is detected early but only 8% when detected in the advanced stage. Thus, detecting cancer early is important for increasing patient survival rates.

But despite the helpfulness of regular CRC screening, many age-eligible adults in the United States are not up to date with screening as recommended by the current guidelines. For example, the 2018 Behavioral Risk Factor Surveillance System survey showed that only 68.8% of eligible adults were up to date for CRC screening. In other words, screening tests for about one-third of adults were not getting done as recommended.

Moreover, many additional adults will require screening in the future because the new 2021 United States Preventive Services Task Force (USPSTF) guidelines lowered the starting age for adult screening from age 50 to age 45.

The starting age was lowered because colorectal cancer is increasing in people younger than 50; estimates from 2020 show that 17,930 people under 50 were diagnosed with new CRC cases. The new lower starting age will increase the demand for screening and make it even more important to maintain and increase CRC screening rates.
Screening is a Proven Strategy for Detecting CRC Cancer

The best way to detect cancer early is with regular screening tests such as colonoscopy, sigmoidoscopy, CT colonography, FIT (fecal immunochemical test), or stool DNA tests.

But many people face barriers and disparities that hinder their access to screening tests. For example, common patient barriers to colonoscopy include issues around insurance coverage, time off work, transportation to and from the clinic, and colon preparation inconveniences.

Mailed FIT Outreach Programs Use Convenient, At-Home Screening Tests

Mailed FIT screening tests bypass the common patient barriers that involve time off work, transportation logistics, disparities, and colon preparation inconveniences because clinics can mail the FIT kits to patients for use at home. Once the patients return the kits by mail or in person, the clinics can follow up abnormal lab results with more detailed screening investigations.

• For patients, mailed FIT outreach kits get done because they offer patients a convenient, at-home, minimally-invasive alternative to colonoscopy. They also get done because they are easily understood; mailed FIT kits have wordless instructions that overcome disparities caused by language barriers.
• For clinics, mailed FIT outreach programs offer many advantages. Foremost, they are proven solutions that have consistently shown 22%-28% screening rate increases where they have been implemented.¹ Mailed FIT programs are also cost-effective because of their low operational costs and population-based strategies that require less time from primary care providers.


The New NACDD Mailed FIT Implementation Guide

The National Association of Chronic Disease Directors, in partnership with Kaiser Permanente and with support from CDC, has created a new Mailed FIT Implementation Guide (http://www.chronicdisease.org/mailedfit2021) to help clinicians increase their CRC screening rates with a mailed FIT outreach program.

The new guide is based on the proven Kaiser Permanente STOP CRC Program and on the latest findings from the 2019 CDC Mailed FIT Summit.¹ The guide provides healthcare professionals with information on:

• An overview of the benefits of Mailed FIT Outreach programs for clinics and health plans
• Discussions on building FIT capacity and preparing for an outreach program
• Guidance on selecting a FIT kit and mailing options
• A flowchart of procedural steps for executing a mailed FIT outreach program
• Guidance on follow-up strategies for abnormal results
• Guidance on insurance coverage of follow-up colonoscopies
• Guidance on developing a patient education campaign
• Guidance on how to sustain a mailed FIT outreach program
• Template patient letters and introductory letters for communications
• Inspirational stories from other successful programs

The comprehensive guide also includes example steps for sending out introductory FIT letters, a template call reminder report, and an appendix containing other useful resources.

Download the new Mailed FIT Implementation Guide now and see how it can help you to start or improve your own mailed FIT outreach program! http://www.chronicdisease.org/mailedfit2021