

# Community Health Hub/Coalition Community Based FIT Screening Plan for Adults 45-74

- Return rates for FIT kits distributed by Community Health Hubs (CHH) and Cancer Coalitions contracted with the Nebraska Colon Cancer Program range from 32%-70%.
- Reviewing previous return rates and submitted distribution plans four practices were identified as increasing the likelihood of FIT kits being returned.
- All contractors distributing FIT kits through the NCP must include one or more of the four strategies to increase FIT rates.

<b>CHH or existing cancer coalition with 501c3 status</b>		<b>Date Submitted for approval:</b>	____/____/____
<b>Contact Name:</b>			
<b>Type and Brand of FIT Kit:</b>	<input type="checkbox"/> OC-Light S FIT <input type="checkbox"/> Other (Please List): _____		
<b>FIT Kits Provided By:</b>			
<b>Please select the boxes indicating which strategies will be included in the Community Based FIT Screening Plan:</b>			
<input type="checkbox"/> Recommendations by Local providers to encourage and promote FIT screening and efficacy of FITs.	<b>Narrative description of how CHH/Coalition will implement this strategy:</b>		
<input type="checkbox"/> Plan for education to FIT distribution sites such as pharmacies, clinics, and other partners distributing FIT kits for contractor. Education and training should include: how to select age appropriate participants, how to complete FIT, importance of colorectal cancer screening, efficacy of screening with FIT, and appropriate monitoring of FIT kits.	<b>Narrative description of how CHH/Coalition will implement this strategy:</b>		
<input type="checkbox"/> 1:1 education to men and women 45-74 years of age regarding importance of colorectal screening, efficacy of FIT screening, <i>commitment of individual to complete</i> , how to complete FIT.	<b>Narrative description of how CHH/Coalition will implement this strategy:</b>		

<b>Direct Mail Distribution of FIT kits as a supportive strategy. (Must be paired with an approved EBI)</b>	<b>Narrative on justification and need for supportive strategy:</b>		
<input type="checkbox"/> Timely follow up of non-returned kits within 3 weeks of distribution of kit at minimum by mail.	<b>Narrative description of how CHH/Coalition will implement this strategy:</b>		
<b>Goal 1 - Projected number of kits that will be distributed:</b>		<b>Goal 2 – Projected number of kits that will be returned/completed:</b>	
<b>Actual amount of kits a Hub has currently (non-expired):</b>		<b>Number of kits Hub has currently (Expired):</b>	
<b>Number of kits Hub is Requesting from WMHP:</b>			
<b>Description of CHH/Coalition Distribution Process:</b>			
<b>Age of Distribution 45-74 Specific plan for addressing younger population.</b>			
<b>Timeframe for distribution</b>	<b>Date of start and finish</b>		
<b>Description of CHH/Coalition Process for Follow Up of Non-Returned FIT Kits:</b>			
<b>Description of CHH/Coalition Coordination with Processing Lab:</b>			
<b>Name of Lab or Labs processing FITs:</b>	Lincoln-Lancaster Co. Health Department Attn: Laboratory 3130 O Street Lincoln, Ne 68510		
<b>Description of CHH/Coalition Follow up for Positive FIT:</b>			

<b>Process for referring potential eligible Nebraska clients to NCP for colonoscopy:</b>		
<input type="checkbox"/> <b>Copy of Enrollment/Intake/Demographic Form Collected from FIT Recipients provided to DHHS for review</b>		
<b>Primary Person for FIT Registry Data Entry:</b>	<b>Address of Health Hub:</b>	<b>Primary Phone:</b> ( ) _____
		<b>Primary Fax:</b> ( ) _____
<b>Primary E-mail:</b>		
<b>Secondary Person for FIT Registry Data Entry:</b>		<b>Secondary Phone:</b> ( ) _____
		<b>Secondary Fax:</b> ( ) _____
		<b>Secondary E-mail:</b>
<b>List of In Kind Activities/Services:</b>		<b>Estimated Value of In Kind:</b>
<b>HUB Signature:</b>		<b>Date of Signature:</b> ____/____/____
<b>DHHS Response/Plan Feedback:</b>		<b>Date:</b> ____/____/____
<b>CHH/Coalition Response to DHHS Feedback:</b>		<b>Date:</b> ____/____/____
<b>DHHS Approval:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending	<b>Reason:</b>
<b>DHHS Signature:</b>		<b>Date of Signature:</b> ____/____/____
<b>Checklist for Hub for Completion of FIT Process</b> <input type="checkbox"/> Screening Template Completed with Hub's Signature <input type="checkbox"/> Distribution List Submitted <input type="checkbox"/> Enrollment Form Submitted and Approved <input type="checkbox"/> BUDGET REQUEST IF APPLICABLE		