



# Environmental Scan Template

## Breast, Cervical and Colorectal Cancers

### INSTRUCTIONS:

1. Please complete all five (5) sections of this form, save the form, and return to CDPHE, [cdphe\\_wwc@state.co.us](mailto:cdphe_wwc@state.co.us) (note underscore in email address), as a draft, no later than **July 31, 2016**. Final report should be submitted no later than **August 31, 2016**.
2. Please use a separate document if your answers exceed the space provided. The entire report must be submitted along with attachments.
3. If you have any trouble with saving or emailing this document, you may also print a hard copy and fax the hard copy form to Grace Franklin at (303) 691-7957.

### SECTION 1: Agency Information

Name of person completing application: \_\_\_\_\_ Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone \_\_\_\_\_ Date of Submission: \_\_\_\_\_

### SECTION 2: Environmental Scan

1. Specify the targeted population for this environmental scan [1) geographic area of focus (for example, a county or a town) and/or 2) target population within the geographic area (for example, Hispanic/Latina women in the San Luis Valley)].

2. Below are the links to known data about specific cancer screening and late stage diagnosis rates across Colorado.

**Breast Cancer in Colorado:** [https://www.colorado.gov/pacific/sites/default/files/PF\\_WWC2\\_breast-cancer-mammogram-Nov2015.pdf](https://www.colorado.gov/pacific/sites/default/files/PF_WWC2_breast-cancer-mammogram-Nov2015.pdf)

Cervical Cancer in Colorado: [https://www.colorado.gov/pacific/sites/default/files/PF\\_WWC2\\_cervical-cancer-pap-test-screening-Nov2015.pdf](https://www.colorado.gov/pacific/sites/default/files/PF_WWC2_cervical-cancer-pap-test-screening-Nov2015.pdf)

Colorectal Cancer in Colorado: [https://www.colorado.gov/pacific/sites/default/files/PF\\_WWC2\\_Colorectal-Burden-Map-400FPL-August-2014.pdf](https://www.colorado.gov/pacific/sites/default/files/PF_WWC2_Colorectal-Burden-Map-400FPL-August-2014.pdf)

Do you agree with this data in relation to the health statistics region your targeted population is in? What does the agency know that the data isn't showing us?

3. List and describe (size, membership, goals, objectives, etc.) any coalitions or collaborative in the area.

4. Describe the barriers to breast, cervical, and colorectal cancer screening in the targeted population, including:
- a. Cultural or political barriers or resistance to screenings. Discuss if there is anything specific happening within the targeted population that might make it more difficult to address and/or to receive cancer screenings.

- b. What might be done in the targeted population in the future to make it easier to access and/or receive screenings?

5. List what could motivate people within the targeted population to get screenings.

6. List the resources for cancer screenings available in/for your targeted population. For each of the items below, please specify if each of the types of services are available in/for the targeted population. If they are not available, specify the closest location available.

Service	Available for Service(s)	Accept Medicaid Patients	Name(s) of organization providing service(s)	If services are not available, list closest location
Center/clinic to receive a Pap screening	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Endoscopist or center/clinic to receive colonoscopy or flexible sigmoidoscopy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Center/clinic or other location to receive a FIT/FOBT kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Center/clinic to receive a mammogram	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**SECTION 3: Diagnostics and Treatment**

Are there places available for diagnostics and treatment for the following:	Breast Cancer	Cervical Cancer	Colorectal Cancer
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List organizations providing diagnostics and treatment for each type of cancer screening.			
Additional comments/other:			

## SECTION 4: Evidence-Based Intervention Strategies

1. List all relevant small media resources that the targeted population utilizes (i.e. newspapers, local radio stations, community groups, social media presence).

2. List all non-traditional locations where clinics offer screenings in the target geographic area (i.e. residential communities, mobile mammography vans, community centers). What specific screening services are provided?

3. List any agencies that use promotoras or community health workers in the targeted population.

4. List where the following resources could be provided to the targeted population:

a. Group education about breast cancer screening

b. One-on-one education

c. Transportation assistance

d. Language assistance

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e. Mobile clinics

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f. Clinics with alternative hours (i.e. evenings and/or weekends)

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5. Is your agency part of a health system?

- Yes
- No

*If yes, please answer if your agency does the following (if no, skip to Section 5):*

a. Use client reminders for clients who are due for screenings?

Please explain, why or why not:

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- Yes
- No

<p>b. Assess and provide feedback to providers on cancer screening rates? Please explain, why or why not:</p> <div data-bbox="121 220 1318 487" style="border: 1px solid black; height: 127px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Use reminder and recall systems for providers? Please explain, why or why not:</p> <div data-bbox="121 598 1318 865" style="border: 1px solid black; height: 127px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION 5: Recommendations**

1. List and describe the gaps or barriers that the targeted population faces to receiving breast, cervical and colorectal cancer screenings. *(Transportation, high deductible, lack of accessibility, etc.)*

2. List recommendations to increase cancer screenings in the targeted population.

3. Please provide any other additional thoughts and/or comments.