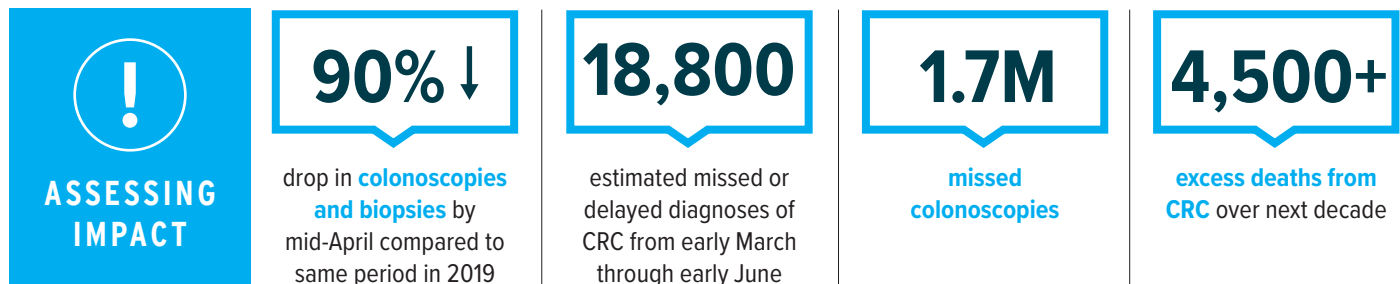


BACK ON TRACK WITH FLUFIT 2020

Reigniting Colorectal Cancer Screening in the Dakotas during COVID-19

As health experts warn of a “[Flu-COVID Collision](#)” expected this Fall, **widespread influenza vaccination is more important than ever**. The CDC is planning a large public awareness campaign to increase the number of individuals receiving flu shots, a critical step in preserving limited medical resources during the pandemic.

At the same time, we must address another COVID-related trend – **historic declines in colorectal cancer (CRC) screening**. This chart [from the National Colorectal Cancer Roundtable](#) (NCCRT) provides an early snapshot of COVID-19’s impact on CRC screening:



According to the [NCCRT](#), one practical and widely available strategy to overcome delays and barriers to screening resulting from the COVID-19 pandemic is to offer and implement stool-based screening tests. The NCCRT’s [Clinicians Reference](#) provides guidance on high-quality stool testing. Given these circumstances, the **FluFIT intervention is an ideal approach for simultaneously increasing flu vaccination and CRC screening in Fall 2020**.

WHAT IS A FLUFIT?

FluFIT programs increase CRC screening rates by providing a take home stool test to eligible patients when they receive their annual flu shot. FluFIT is a [research-tested, evidence-based](#) program. *Note: The [www.flufit.org](#) website currently reflects the USPSTF CRC Screening Guidelines only, and materials do not reflect the American Cancer Society’s recommendations to begin screening at age 45.*

IMPLEMENTATION TOOLS

The [FluFIT](#) website offers program [planning and implementational materials](#), including:

- [Program components & logic model](#)
- [Staff training](#)
- Work flows
- [Log sheets & results tracking](#) sheets
- Sample [reminder letters](#)
- Sample [telephone call scripts](#)
- The site also provides patient educational materials, such as clinic posters, and FIT instructions (both printed materials and videos) in several languages.

In North Dakota and South Dakota, some clinics have found it logistically most feasible to **integrate FluFIT into regular office visits**. Partners have also found that a good process for tracking and following up on the stool-based tests is crucial.

Technical Assistance

We are here to help! Reach out to Shannon Bacon at shannon.bacon@cancer.org, with any questions.

