Frequently Asked Questions on the 2020 Optimal Resources for Cancer Care Standards
Chapter 8: Education: Professional and Community Outreach

**Note:** The [Return to Screening PDSA project](#) has a dedicated FAQ that is available within the ACS Quality Portal and the Standards Resource Library.

**Standard 8.1: Addressing Barriers to Care**

Can a barrier be identified through the distress thermometers given to patients?

Yes, this is acceptable.

Is a cancer-specific Community Needs Assessment (CNA) required every three years or can we use the community CNA?

The CNA is no longer required by the CoC standards every three years. If using the community CNA, you need to be able to determine cancer related barriers specific to your cancer program from that assessment.

May a focused barrier be extended into year two?

Yes, the barrier can be used two years in a row if it is the most pressing barrier and it is re-evaluated at the beginning of the second year.

Can provider- or system-based barriers be related to another standard? i.e., providers have misconception on palliative care so plan for addressing barriers is to breakdown the misconception.

Each year, under Standard 4.5, areas of improvement must be discussed. Since this is a requirement of Standard 4.5, it cannot be used for Standard 8.1.

Does lack of transportation to cancer treatment/prevention count as a patient obstacle to be addressed under this standard? What about lodging?

These may qualify if identified by your program as a barrier to your cancer patients.

Can we utilize the resources available through our onsite American Cancer Society to meet the standard?

Yes, if the resources offered address the barrier to care that was identified by your cancer committee.
This standard appears to only address cancer program patients, but can it include community non-patients?

Barriers specific to the cancer program may include community non-patients if appropriate for the barrier chosen.

**Standard 8.2: Cancer Prevention Event**

**Do we have to change the event each year or can it be repeated multiple years?**

Yes, the same event can be repeated. It is recommended that the need is well documented in your cancer committee minutes.

**Is formal follow-up is required?**

Please follow evidence-based guidelines. Documentation of effectiveness is no longer required.

**Can the selected event be a prevention program that is provided for existing patients?**

The event chosen for Standard 8.2 must be outside the regular course of business.

**Can the prevention event be a part of a larger existing event? Example: large air and sea show in Florida, can we do a sun screening skin cancer event there?**

Yes, if it meets all requirements of the standard.

**Would a lecture on the importance of genetic risk assessment and testing be considered a prevention event? i.e., testing may lead to preventing a cancer such as chemoprevention preventive surgery**

Yes, if this follows evidence-based guidelines and is targeted towards preventing cancer. Standard 8.2 requires identifying specific cancer site(s) that the event is focused on, so a lecture on genetic risk assessment could be a prevention event as long as it was directed at a specific type(s) of cancer and to a specific group of people at risk.

**How do cancer programs measure the outcome of community outreach for prevention to then know how to make an improvement in it?**

This is left to the discretion of the cancer program as monitoring of effectiveness is no longer required by the CoC standards.

**Can an event be held remotely if there is opportunity for interactions?**

Events held on the internet with real-time interaction with participants may qualify.
Does the event need to be focused on a specific cancer?

Prevention events may now focus on more than one cancer site.

Can the event be collaborative with the community targeted?

Yes, the standard encourages the prevention events to be partnered with a community organization.

### Standards 8.2 and 8.3

Can one event count for both Standard 8.2 and 8.3?

Yes, as long as there are separate prevention and screening components that meet requirements of each standard.

Must the events be based on community needs, as with previous versions of the standards?

The documentation of community needs for the prevention and screening events are no longer required under the CoC standards.

Do the screening and prevention sites have to be different every year?

No, the same event can be repeated; it is recommended that the need is well documented in your cancer committee minutes.

Is an “outcomes” report still required as a part of the documentation? Example: a measure of the impact of the prevention event as measured by pre- and post-test to measure education level and plan to change behavior.

A summary of the event is presented to the cancer committee and documented in the cancer committee minutes each year. Required elements of the report are listed under ‘Cancer Committee Report’ on page 78 of the 2020 Standards manual.

If the community outreach coordinator is no longer a required role, who does the CoC recommend present the summary of events for standards 8.2 and 8.3?

This is left to the discretion of the cancer program.
Standard 8.3: Cancer Screening Event

If we do multiple skin screening events, do you want cumulative data or one specific event/date?

You will need to provide information on each event separately, but only one event is required to be reported to the cancer committee.

Our hospital has an ongoing low-dose CT (LDCT) screening program. We held a special event targeting patients who are uninsured/working poor. Does this comply?

Yes, as long as it is outside the regular course of business.

The standard states that event should not involve activities that are performed in regular the course of business. Can you clarify this?

"Regular course of business" does not refer to the hours that a hospital is open. The phrase refers to screening that is provided on a regular basis. If you offer a screening event on a specific date targeted to a specific community (underinsured, underserved, non-English speaking, etc.), then it would apply to the standard.

How can a program do an event for CT based lung cancer screening? Do all procedures have to be done at the event?

The event should be targeted at increasing awareness and screening among a specific population (such as uninsured or underserved patients). There should be evidence of education, facilitated access, and scheduling for screening, with appropriate follow-up of positive findings. The screening cannot be part of the yearlong LDCT screening program. The program must follow up on all positive screenings.

Please expand on the expectations of compliance with formal process for follow-up.

This is left to the discretion of the cancer program and if applicable, based on evidence-based guidelines.

Does the screening event have to be free to count?

No, it does not.