



BlueCross BlueShield of Illinois

Blue Door
Neighborhood CenterSM



The Colorectal Cancer Screening Campaign **Impact Report**

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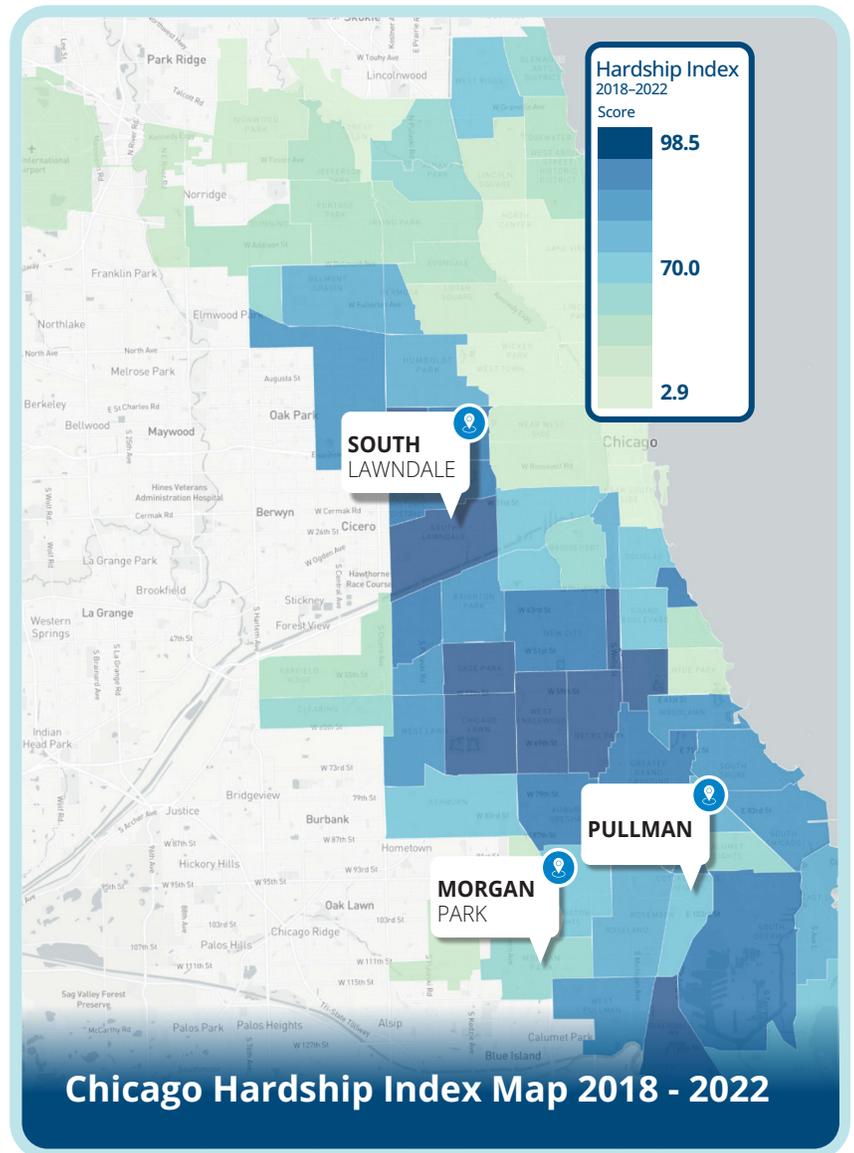
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Executive Summary

Overview

According to the National Cancer Institute, colorectal cancer is the third-most common cancer diagnosis in the United States and one of the most preventable. Despite this, screening gaps persist, particularly in communities facing barriers to care.

To address these gaps, the **Blue Door Neighborhood CenterSM**, the Quality team and the Blue Cross and Blue Shield of Illinois **Care Van[®]** program launched a three-year, community-driven Colorectal Cancer Screening Campaign from October 2022 through October 2025. The campaign leveraged Blue Door Neighborhood Center's trusted neighborhood presence and the Care Van program's statewide outreach capacity to expand access to fecal immunochemical test kits, promote preventive health education and reduce persistent screening gaps among BCBSIL members and nonmembers.

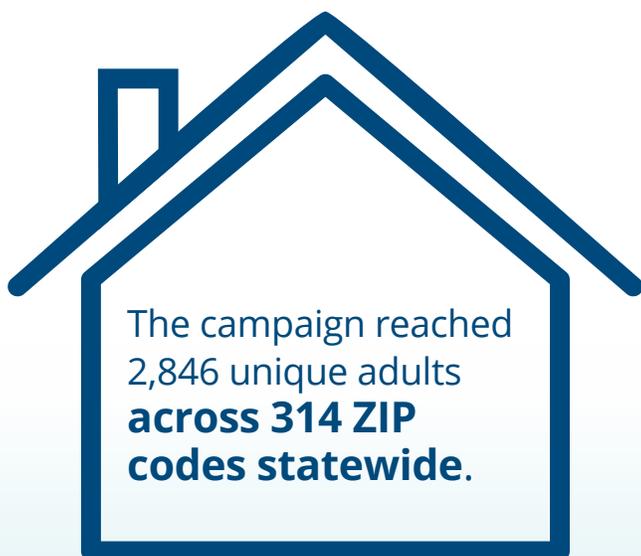


Origin and Campaign Development

The Colorectal Cancer Screening Campaign originated in March 2021, when BDNCSM facilitated the Community Health Case Challenge, an internal innovation forum designed to identify scalable, community-informed health solutions. Multidisciplinary teams presented pressing community health challenges aligned with population health priorities. The winning submission focused on colorectal cancer screening, citing low screening rates, late-stage diagnoses and disproportionate screening among Black, Latino and low-income communities across Illinois. Following the Community Health Case Challenge, BDNC began structural planning and design, including workflow development, vendor alignment, community engagement strategy and evaluation planning.

Scope and Impact

During the campaign, BDNC distributed more than 3,000 FIT kits across Illinois through our centers, community events and mobile outreach conducted by the Care Van. The campaign reached 2,846 unique adults across 314 ZIP codes statewide. The initiative achieved a cumulative 24.5% closed-gap rate, with 754 completed tests and results released. Fifty abnormal results were identified and required clinical follow-up. Ultimately, 50 adults who may not have been screened were connected to care.



Community Engagement and Outreach

The campaign's success was driven by BDNC's community-centered engagement strategy. All three BDNC locations worked closely with community-based organizations, churches and local advocates to reach thousands of eligible residents. BDNC's existing health education programs were leveraged to normalize conversations about preventive screening, while the Care Van extended access to neighborhoods throughout Chicago and downstate Illinois, including Springfield.

Organizational Collaboration

Cross-departmental collaboration was a key strength of the campaign. Blue Door Neighborhood Center partnered with BCBSIL Community Affairs, Communications, Marketing and Quality and Accreditation to develop culturally relevant messaging, share real-time data insights and expand community outreach. This integrated approach increased trust and participation among under-screened populations and supported BDNC's mission to improve community health outcomes.

Public Awareness and Recognition

The campaign gained visibility through stories and professional recognition. These features showcase its impact internally and externally:

- *"A Course Reset on Colorectal Cancer Screening"*
– June 10, 2022
- *"BDNC Advocates Colon Cancer Prevention"*
– March 6, 2025
- *"Illinois Closing the Colon Cancer Screening Gap"*
– April 17, 2025
- *"Campaign Helps With Early Cancer Detection"*
– Oct. 16, 2025

In addition, BDNC presented the campaign's outcomes and community engagement strategy at the American Public Health Association 2024 Expo, sharing best practices with public health leaders nationwide.

1. Closed gap count/rate is defined as the count/rate of participants where samples were returned to Everlywell and able to successfully be tested, as part of the campaign.

Executive Summary

Program Design and Operationalization

BDNC designed a community-based prevention and screening model to increase access to FIT kits and reduce structural and trust-related barriers to colorectal cancer screening. Rather than relying on traditional clinic-based or direct-mail approaches, BDNC integrated colorectal cancer education and FIT kit distribution into existing education, neighborhood outreach and navigation workflows. Collaboration with the Care Van program extended BDNC's reach beyond its three Chicago locations to communities across downstate Illinois.

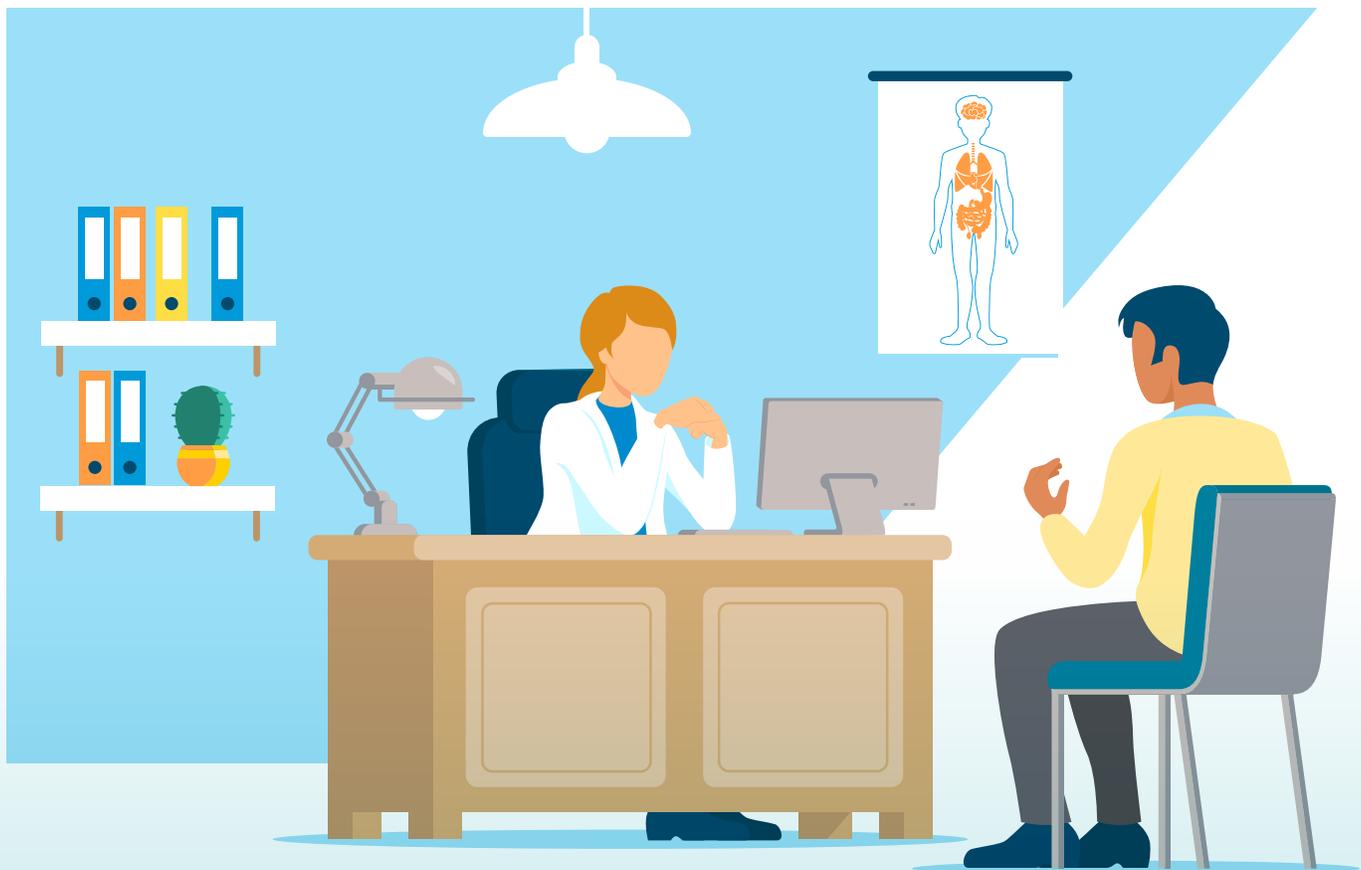
Operational planning focused on four components:

1. Trusted community engagement and education
2. Standardized workflows and annual trainings for FIT kit distribution and follow-up
3. Strategic partnerships to reinforce credibility and care continuity
4. Centralized data collection, monitoring and continuous quality improvement using Salesforce

Partnerships and External Collaboration

BDNC worked closely with national and local partners to strengthen credibility, education and referral pathways. Educational messaging and outreach were reinforced through collaboration with the Colorectal Cancer Alliance and the American Cancer Society to ensure materials reflected evidence-based prevention guidance.

These partnerships helped bridge community-based screening with clinical and social determinants of health systems. At the neighborhood level, BDNC collaborated with Federally Qualified Health Centers and other clinical and community organizations to support continuity of care, including follow-up for participants with abnormal results.



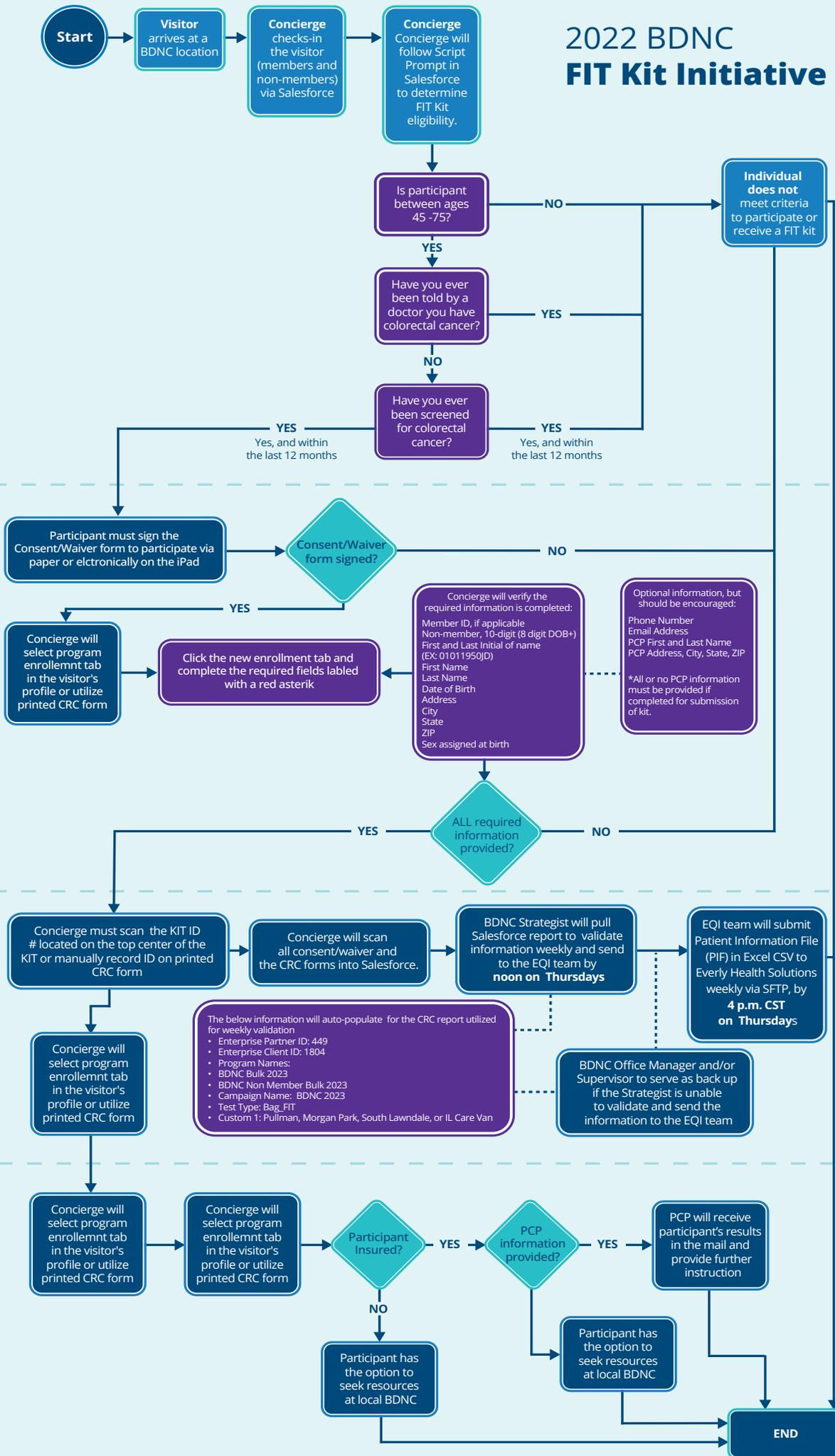
2022 BDNC FIT Kit Initiative

Meets Eligibility Criteria?

Consent and Data Elements

Blue Cross and Blue Shield

Participant



Data Sources and Methods

This analysis draws on cumulative FIT kit tracking data generated weekly, known as the member level summary report, for the BDNC colorectal cancer screening campaign from 2022 through 2025. The report includes all FIT kits distributed through BDNC locations, events and the Care Van, for both BCBSIL members and nonmembers.

Each row represents a single FIT kit distribution. After removing technical duplicates, the final analytic file included 2,846 unique adults. A total of 3,078 kits were distributed.

Key variables analyzed included:

- Program type (BDNC Bulk vs. BDNC Non-Member Bulk)
- Demographics (ZIP code, sex assigned at birth, and age)
- Engagement measures (kits distributed and participation)
- Follow-up (result released and alerts for abnormal results)

Participant profile for Colorectal Cancer Screening Campaign

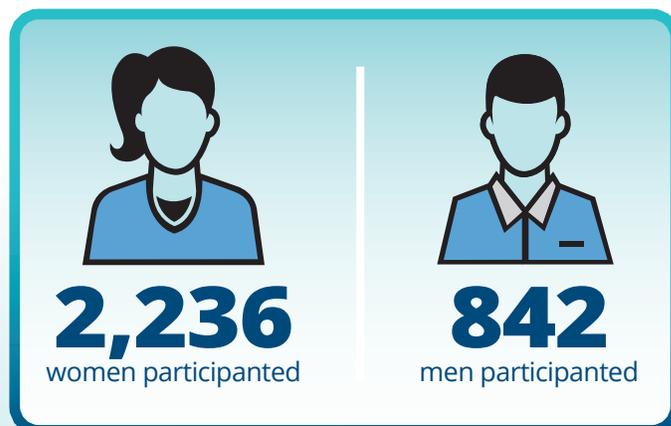
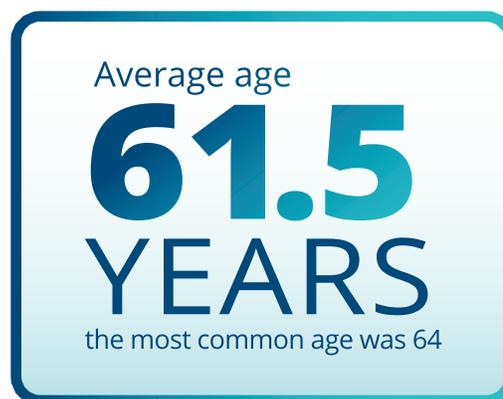
The campaign reached a broad and diverse population.

- Total kits: **3,078**
- Unique people reached: **2,846**
- Average age: 61.5 years; the most common age was 64
- Sex: 72.6% female (n=2,236) and 27.4% male (n=842)
- Health plan status:
 - BCBSIL members (BDNC Bulk): 498 kits (16.2%)
 - Community non-members (BDNC Non-Member Bulk): 2,580 kits (83.8%)

The campaign demonstrated meaningful geographic reach.

- ZIP codes represented: **314** across Illinois
- Top ZIP codes (kits distributed):
 - 60628 – 223 kits
 - 60608 – 216 kits
 - 60643 – 163 kits

These ZIP codes aligned with BDNC's core neighborhoods and historically under-screened areas, supporting the campaign's focus on communities facing disproportionate colorectal cancer burden.



Results and Analysis**Engagement and screening completion**

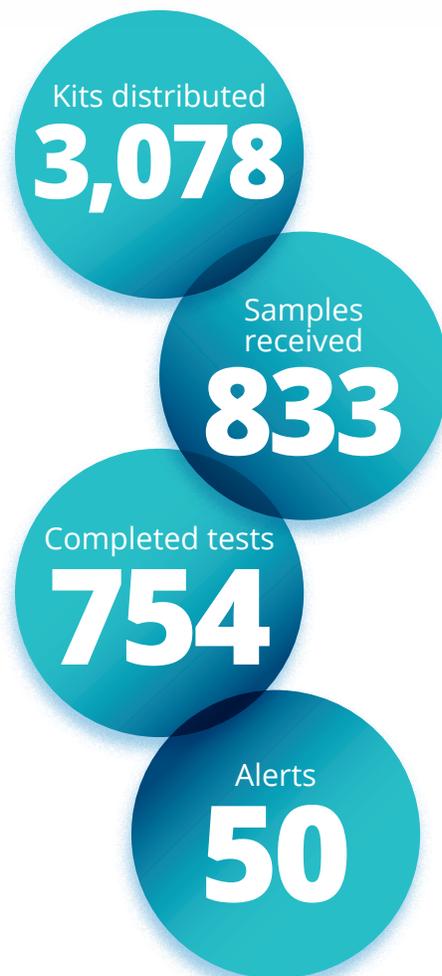
According to Andy Anderson, vice president at Everlywell of Business Development, the campaigns “28.72% return rate is very strong for an in-home test kit program.” He noted that this rate is significantly higher than the standard direct-to-member shipping models and aligns with Everlywell’s most successful bulk-shipment programs. He added that BDNC’s, 6.63% alert rate is slightly lower than Everlywell’s company average of approximately 7.5%.”

Key Outcomes

- Kits distributed: **3,078**
- Samples received: **883** (participation rate 28.7%)
- Completed tests with results released (“gaps closed”): **754** (24.5% of all kits)
- Alerts (abnormal results): **50** (6.6% of completed tests)

These outcomes are consistent with, and in many cases exceed, participation benchmarks for FIT programs in safety-net and community settings.^{1,2} The 50 alerts represent adults who likely would not have been identified without BDNC outreach, directly supporting the campaign’s goal of earlier detection and reduced mortality.

From a performance standpoint, BDNC also exceeded several internal targets, including early detection, reaching 157% of goal. BDNC also led 177 activations that promoted economic stability for CRC campaign participants. The team conducted tailored outreach to 17,129 eligible community members, surpassing its internal goal at 634%. This reinforces the value of BDNC’s trusted community-based model.



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2. Uniqueness is defined here by a combination of first name, last name, and date of birth.

Year-to-year trends

Campaign outcomes evolved over time as the effort expanded and shifted toward deeper engagement. This progression reflects distinct phases, from early workflow pilots to broader optimization. Key trends are below.

- **2022 (Pilot year):**
 - 117 kits distributed as BDNC tested workflows and messaging.
 - Early participation and gap-closure rates were relatively strong (about 28% of kits resulting in closed screening gaps), establishing a solid baseline for expansion.
- **2023 (Growth year):**
 - Distribution increased sharply to 1,391 kits, driven largely by nonmember outreach (1,201 kits) through the Care Van and community partners.
 - With rapid scale, the closed-gap rate dipped to about 20.7%, reflecting the challenges of maintaining follow-through at higher volumes.
 - Among BCBSIL members, gap-closure and alert rates remained robust (e.g., a 22.1% gap-closure rate and 11.9% alert rate), indicating that the campaign was successfully targeting members at higher risk for colorectal cancer.
- **2024 (Optimization year):**
 - Distribution remained high (1,156 kits) through more strategic local outreach.
 - Closed-gap performance improved significantly to about 29.5%, the strongest year of the campaign, as BDNC partnered with additional community-based organizations.
 - For BCBSIL members, 2024 bulk distribution achieved a 40% participation rate and 37.8% gap-closure rate, demonstrating the impact of layered engagement including education classes, events, and direct outreach.
- **2025 – (Sunset/transition year):**
 - Total volume tapered to 414 kits as the campaign approached its planned end and shifted from mass distribution to maintenance and follow-up.
 - Despite lower volume, the closed-gap rate remained strong at 22.2%, showing that the program continued to identify and close screening gaps.

Across all years, the cumulative 24.5% closed-gap rate and 6.6% alert rate confirm that the campaign not only reached large numbers of members and nonmembers, but also effectively identified individuals with abnormal results who required timely follow-up with providers.

Population health and reach

Several patterns highlight the campaign's contribution to reducing colorectal cancer disparities:

- Community reach beyond membership: More than four out of five kits (83.8%) were distributed to nonmembers, reinforcing BDNC's role as a community asset.
- Concentration in high-need ZIP codes: The largest share of kits went to ZIP codes 60628, 60608, and 60643 – areas corresponding to BDNC's south and west side catchment areas. These neighborhoods experience documented barriers to preventive care and severe hardship within Chicago.³
- Repeat engagement: While most participants received one kit, about 9% received two or more kits over the three-year period. This indicates a need for screening campaigns at the hyperlocal level.

BDNC's Colorectal Cancer Screening Campaign demonstrates that a trusted, community-based delivery model can meaningfully increase screening rates and close preventive care gaps among historically under-screened populations. Over three years, the campaign distributed more than 3,000 FIT kits across 314 zip codes, closed 754 colorectal cancer screening gaps, and identified 50 abnormal results, each reflecting a critical opportunity for early detection and timely follow-up.

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Recommendations for Replication and Scale

Based on BDNC's experience, the following recommendations represent the most effective strategies for replicating or scaling community-based colorectal cancer screening campaigns:

1. Anchor colorectal cancer screening in trusted community infrastructure such as faith-based institutions, local events and trusted community partners.
2. Pair FIT kit distribution with layered engagement and follow-up.
3. Use data to target high-need communities and continuously optimize where, how and when colorectal cancer screening efforts are deployed.

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2. Kruse GR, Percac-Lima S, Barber-Dubois M, Davies ME, Gundersen DA, Ho O, Mascioli L, Munshi M, Perry S, Singh D, Thomas A, Emmons KM, Haas JS. Bundling Colorectal Cancer Screening Outreach with Screening for Social Risk in Federally Qualified Health Centers: A Stepped-Wedge

Acknowledgements

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3. Chicago Department of Public Health, & University of Illinois Chicago School of Public Health. (n.d.). Chicago Health Atlas: Hardship Index. Retrieved November 05, 2026, from <https://www.chicagohealthatlas.org>.



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