Reducing Colorectal Cancer: Screening, Access and Services in Minority and Underserved Communities

Colorectal cancer, which occurs primarily in adults over 50, can be avoided if precancerous polyps are found through screening and removed before they become tumors. So you might think colorectal cancer wouldn’t kill that many Americans.

But it does. Fewer than 40 percent of cases are found early, when treatment can be most effective. Colorectal cancer is the second leading cause of cancer deaths in the United States each year. In 2002, the most recent year for which statistics are available, 70,651 men and 68,883 women were diagnosed with colorectal cancer and, combined, more than 56,000 men and women died from the cancer.

Studies show African-American men and women are about 15 percent more likely to get this cancer than their white counterparts, and mortality rates in African-Americans are about 40 percent higher than in whites.

But research shows that screening for colorectal cancer works and is cost-effective for at-risk populations. Through colorectal cancer screening, polyps (abnormal growths) can be detected, so they can be removed before they have a chance to turn into cancer—thereby preventing the disease. Screening also helps find colorectal cancer at an early stage, when treatment works best and recovery rates are highest. Federal and state public health officials are implementing strategies to encourage more Americans to get screened for colorectal cancer. Many of these strategies target outreach efforts to minority and medically underserved communities.

Screening Works, but Rates Are Low

If everyone 50 or older was screened for colorectal cancer regularly, as many as 60 percent of deaths from this cancer could be avoided. Public health experts say funding for education initiatives to promote screening can lower costs by finding and treating more cancers in early or precancerous stages. Each year colorectal cancer treatment costs more than $6.5 billion, second only to breast cancer at $7 billion.

The cost-effectiveness of screening for colorectal cancer is about the same as for other cancers. One study found screening has a cost-effectiveness ratio of $10,000 to $25,000 per life-year saved.

Still, according to the Centers for Disease Control and Prevention (CDC), screening for colorectal cancer lags behind other cancers. Even though colorectal cancer screening is effective and available through many insurance programs and Medicare, the proportion of Americans getting screened remains low. As of 2004, only 57 percent of the U.S. population had been screened for colorectal cancer as recommended.

Why Lower Screening Rates for Minorities?

Colorectal cancer is an equal opportunity killer; yet screening rates for some groups, such as African-Americans, are lower. Why? According to public health experts, screening rates may be lower for minorities because more members of those communities may:

- Be less aware of the benefits or wary of the discomfort associated with screening;
There’s a debate in the states about whether mandating insurance coverage for colorectal screening is the best approach.

Those favoring required coverage argue such policies are cost-beneficial because they catch the cancer at its earliest stages, or even better; screening leads to preventing this cancer altogether. Proponents point out the cost of screening for colorectal cancer is well within the range of acceptable costs for preventive services. Opponents argue that requiring companies to cover screening increases overall costs and results in fewer people being able to afford health insurance. According to a 2006 National Colorectal Cancer Research Alliance survey, 20 states have supported or required coverage for colorectal cancer screening.

Finding Ways to Reach Underserved Communities

Despite the debate about requiring insurance coverage for colorectal screenings, some states are pioneering ways to encourage more people, particularly in minority communities, to get screened.

For example, the Illinois Senate spearheaded efforts to fund public awareness campaigns and colorectal cancer research. Under legislation passed in 2005 (Senate Bill 133), state taxpayers can now voluntarily donate portions of their tax refund to help finance these efforts, which include a program that targets populations with high colorectal cancer death rates. The legislation was introduced by state Sen. Deanna Demuzio, whose husband died from the disease, and co-sponsored by state Sen. Donne E. Trotter.

In Delaware, where African-Americans are much more likely to die from colorectal cancer than whites, the Delaware Division of Public Health created the Champions of Change program. The program is a comprehensive grassroots effort targeted to African-American Delawareans, the state’s largest minority group.7 Champions of Change targets prevention messages, materials and local efforts to promote screening specifically for the African-American community. Further support is received from Delaware state funding that provides a colonoscopy and one year of cancer treatment for anyone without ability to pay or insurance coverage.

What State Legislators Can Do

For state legislators enthusiastic about initiating efforts in their states, legislative champions of public health, such as Trotter, have this advice:

Sponsor legislation to promote colorectal cancer awareness. It is essential to promote colorectal cancer education and prevention, says Trotter. State legislators can sponsor or support legislation to dedicate funds to public awareness campaigns, specifically for at-risk populations.

Consider requiring screening coverage. Including colorectal cancer screening as part of comprehensive cancer screening health insurance benefits might help increase screening rates, and as a result, decrease the number of colorectal cancer cases and deaths.

Partner with state health departments. Work with your state health department, which has access to state-specific data on colorectal cancer cases and deaths. From this partnership, state legislators can engage in better informed policymaking about how to fight colorectal cancer. State health departments in 49 states also are partners in CDC’s Screen for Life: National Colorectal Cancer Action Campaign, which offers a variety of multimedia resources to help build awareness of the benefits of screening.

African-Americans and Colorectal Cancer

- Colorectal cancer is the third most common cancer among African-Americans, who are diagnosed with colorectal cancer at a higher rate than any other U.S. population.
- Death rates from the cancer are higher among African-Americans even when cancers are found early.
- African-Americans are less likely than whites to have screening tests for colorectal cancer, and are thus less likely to have polyps detected and removed before they become cancerous. They are more likely to be diagnosed in advanced stages when fewer treatment options are available.
- Diet, tobacco use and a lack of access to equal medical treatment options may increase African-Americans’ risk of developing colon cancer.

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Key Facts about Colorectal Cancer Screening

- Nationally, less than 50 percent of adults are being screened appropriately for colorectal cancer. Additionally, screening rates are lower for people with less education, lower socioeconomic status, no health insurance and no physician recommendations.
- If colorectal cancer is diagnosed early, 91 percent of patients survive. If it is diagnosed late, only 9 percent of patients survive.
- The risk for developing colorectal cancer increases with age. Colorectal cancer primarily affects men and women of all races over 50.
- Four types of colorectal cancer screening tests are recommended for men and women beginning at age 50, which can be used alone or in combination:
  - **Fecal occult blood test (FOBT)**, checking for hidden (occult) blood in three stool samples—performed yearly;
  - **Flexible sigmoidoscopy** uses a flexible, lighted tube (sigmoidoscope) to visually inspect the interior walls of the rectum and part of the colon—performed every five years;
  - **Colonoscopy** uses a longer flexible, lighted tube (colonoscope) to visually inspect the interior walls of the rectum and the entire colon—performed every 10 years;
  - **Double barium contrast enema** uses X-rays of the colon and rectum, with an enema containing barium dye—performed every five years.


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What CDC is Doing to Help States

**Funding for State Efforts**

In addition to supporting and conducting research to improve understanding about colorectal cancer screening, the CDC provides funding to 21 state programs to implement specific colorectal cancer prevention strategies through National Comprehensive Cancer Control Program initiatives.

In 2006, Congress directed $14.5 million to the CDC to fund programs aimed at fighting colorectal cancer, including outreach programs for minorities. The money is allotted through various states’ comprehensive cancer control plans. CDC’s national efforts to reduce cancer disparities include:

- Improving early cancer detection through promotion of colorectal cancer screening, and
- Implementing effective community interventions to increase screening and modify risk behaviors.

**Screen for Life Campaign**

CDC’s Screen for Life: National Colorectal Cancer Action Campaign informs men and women 50 or older about the importance of having regular colorectal cancer screening tests. Screen for Life materials include print and broadcast public service announcements featuring Katie Couric, Morgan Freeman and Diane Keaton, as well as educational campaign materials in English and Spanish for patients and health professionals. Print materials—including fact sheets, brochures and posters—and public service announcements can be viewed, printed and ordered online. For more information, please visit www.cdc.gov/screenforlife.

**Demonstration Programs**

In 2005, CDC awarded $2.1 million to establish five projects to gather evidence on what works to increase use of colorectal cancer screening. The three-year program is aimed at increasing screening among low-income men and women 50 and older who have inadequate or no health insurance coverage for colorectal cancer screening. The five sites are in New York, Nebraska, Missouri, Maryland and Washington state. Two projects specifically focus on the African-American population and one focuses on the American Indian population. For more information see: www.cdc.gov/nccdphp/press/colorectal_cancer.htm.

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“We made promoting colorectal cancer awareness and screening a priority in Illinois. In 2003, we mandated that colonoscopy tests have to be covered under insurance plans in the state, and in 2005 we created a tax checkoff that allow taxpayers to donate directly to our colorectal cancer awareness program.”

—Illinois state Sen. Donne E. Trotter

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**Notes**


**resources**

CDC Cancer Prevention and Control, Colorectal Cancer
www.cdc.gov/cancer/colorectal/
www.cdc.gov/colorectalcancer/what_cdc_is_doing/about_cdc_program.htm
activities
www.cdc.gov/cancer/colorectal/what_cdc_is_doing/ful
www.cdc.gov/cancer/survivorship/what_cdc_is_doing/resources.htm

American Cancer Society
www.cancer.org

U.S. Department of Health and Human Services Office of Minority Health
www.omhrc.gov

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