Addressing Colorectal Cancer Disparities in Arkansas
Collaborating Institutions

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American Cancer Society
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Overview

- **Background**
  - Colorectal cancer disparities
  - Arkansas Colorectal Cancer Act

- **Methods**
  - Random digit dial survey examined factors associated with colorectal screening

- **Implications**
  - Results inform efforts to develop a state wide program to increase screening rates
US Colorectal Cancer Mortality Rates
Arkansas Colorectal Mortality by County

Age-Adjusted Cancer Mortality Rates by County in Arkansas
Colon and Rectum, 2000-2004
Total Population 2000-2004
Age-Adjusted to the 2000 U.S. Standard Million Population

Rate per 100,000

- 9.5 - 18.2
- 18.3 - 21.0
- 21.1 - 24.9
- 25.1 - 39.2

WARNING: Unstable Rates

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Screening for Colorectal Cancer

- Routine screening reduces colorectal cancer incidence and mortality

- ACS Screening Guidelines
  - Fecal Occult Blood Test (FOBT) every year
  - Fecal Immunochemical Test (FIT) every year
  - Barium Enema every five years
  - Flexible Sigmoidoscopy every five years
  - Virtual Colonoscopy every five years
  - Colonoscopy every ten years
  - Stool DNA Test
Arkansas Colorectal Cancer Act

- Mandated insurance coverage for colorectal cancer screening
- Defined guidelines for screening and reimbursement
- Established a CRC Control Program
  - Surveys to assess need and capacity
  - Demonstration Project
- Legislative briefings
Household Survey (N=2,021)

- Random digit dial survey adapted from the Health Information National Trends Survey

- Screening history

- Factors associated with screening uptake
  - Access to health care
  - Socio-demographic variables

- Sampling procedures
  - Stratified to examine regional differences
  - Over-sampling to assure minority representation
Currently Screened Within Guidelines

- CE: 65%
- NW: 55%
- NE: 55%
- SW: 45%
- SE: 35%

Percent Screened
Screening Resources by Region

Physicians by Region

Number of Physicians

Region

CE | NW | NE | SW | SE

Primary Care | Specialists

23 | 28 | 19 | 12 | 11

*Facilities
Physician Advice to Screen

- FOBT
- Flexible Sigmoidoscopy
- Colonoscopy
Screening Uptake

- Ever FOBT
- Ever Flex Sig
- Ever Colonoscopy
Screening Status by PCP

Primary Care Provider

Per cent screened

PCP Yes

PCP No
Screening Status by Health Care Visit

Number of visits per year

Per cent screened

- 5 or more visits
- 2-4 visits
- 1 visit

0 10 20 30 40 50 60 70
Implications

- Primary care visits are a valuable opportunity to address colorectal screening

- Efforts to increase screening rates should:
  - Engage community residents with local primary care providers
  - Cultivate collaborative relationships between primary care settings and endoscopy facilities
  - Actively promote use of all screening modalities
  - Facilitate access to Medicare/Medicaid benefits
Screening Status by Race

- **White**
- **Black**

<table>
<thead>
<tr>
<th>Race</th>
<th>Per cent screened</th>
</tr>
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<tbody>
<tr>
<td>White</td>
<td>50</td>
</tr>
<tr>
<td>Black</td>
<td>40</td>
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Screening Status by Education Level

- **College Graduate**: 70% screened
- **High School Graduate**: 50% screened
- **Less than High School**: 30% screened

Chart showing the percentage of individuals screened by education level.
Implications

- Socio-demographic risk factors may contribute to regional variations in screening

- A public health program to increase screening must:
  - Minimize or eliminate out of pocket expense
  - Accommodate individuals with minimal formal education and limited literacy skills
  - Employ a culturally competent staff
Aware of Age to Start Screening

- FOBT
- Endoscopy

Chart showing the percentage of awareness of age to start screening for various regions: C, NW, NE, SW, SE.
Attitudes Regarding Colorectal Cancer

- Low Risk
- Too Expensive
- Fear of Cancer

C NW NE SW SE
Low Risk Too Expensive Fear of Cancer
Implications

- Inaccurate risk perception, financial concerns, and fear of cancer may interfere with screening

- Efforts to increase screening should include:
  - Navigators to identify and resolve barriers
  - Role models to demonstrate attitudes expected to promote screening
Summary

- Practice based strategies to
  - Promote advice for all screening modalities
  - Make optimal use of existing resources

- Culturally appropriate materials and procedures to minimize screening barriers

- Community based efforts to
  - Engage residents in the health care system
  - Cultivate attitudes to promote screening
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