

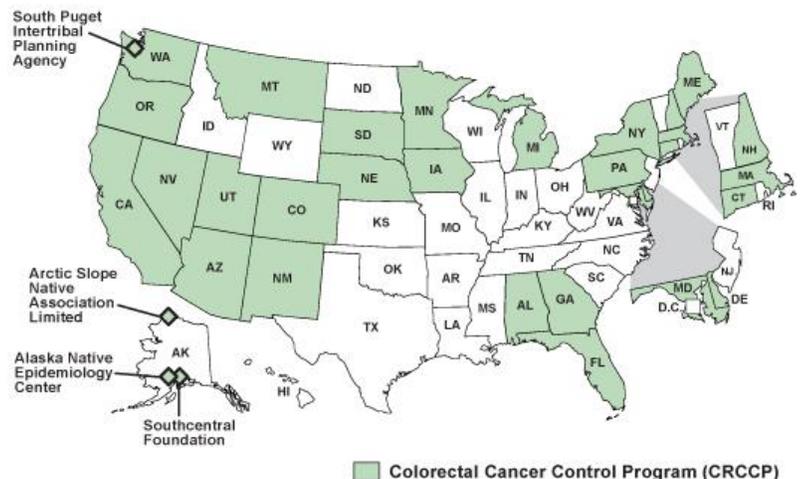
# Colorectal Cancer Control Program

CDC's Colorectal Cancer Control Program (CRCCP) funds 25 states and 4 tribes across the United States for five years. The CRCCP's goal is to increase colorectal (colon) cancer screening rates among men and women aged 50–75 years to 80% in the funded states by 2014. Higher screening rates will reduce illness and deaths from colorectal cancer.

The CRCCP has two components: screening promotion and screening provision. By emphasizing a population-based approach (screening promotion), CDC intends to increase screening rates among both insured and uninsured populations. Federal guidelines establish an eligibility baseline to direct services to uninsured and underinsured adults aged 50–64 years at or below 250% of federal poverty level.

Since the program's inception in 2009, the CRCCP has provided screening to nearly 20,000 people, finding 2,917 cases of precancerous adenomatous polyps and 50 cancers.

Annual data submitted to CDC show that screening rates among grantees were higher than national rates in 2010. Incidence and death rates were lower than national rates.



## Innovative Programs to Increase Screening Rates

In 2012, as part of a five-year cooperative agreement, CDC funded the Minnesota and New York state departments of health to carry out innovative programs to increase population-level colorectal, breast, and cervical cancer screening rates. The Minnesota Department of Health is collaborating with the state Medicaid program to increase screening among the state's unscreened Medicaid beneficiaries through direct mail reminders and a modest financial incentive. The New York State Health Department and its partners are creating the New York State Federally Qualified Health Center Cancer Prevention Registry to provide screening data to local and state organizations, which will work to increase screening rates in underserved communities and improve screening services.

Additionally, CDC is conducting a two-year study at a large safety net hospital on the effectiveness of a patient navigation program to improve adherence to colonoscopy screening. The study will determine—

- If patient navigation improves bowel preparation and timeliness of service delivery.
- If patient navigation affects the number of appointment no-shows, cancelled appointments, and rescheduled appointments.
- Whether patients who receive navigation improve in knowledge, attitudes, intention, perceived risk, and self-efficacy compared with patients who do not receive navigation.

## More Information

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