

**The Kentucky Colon Cancer Screening Program
Advisory Committee
Annual Report
July 2011 through June 2012**

This report was prepared by

**The Kentucky Department for Public Health
Division of Prevention and Quality Improvement
Chronic Disease Prevention Branch in Collaboration with
The Kentucky Colon Cancer Screening Program Advisory Committee**

The Kentucky Colon Cancer Screening Program Advisory Committee

John M. Bennett, MD, MPH, Chair
Primary Care, Veterans Administration

Thomas Tucker, PhD, MPH, Co- Chair
Director, Kentucky Cancer Registry

Debra Armstrong, MSW, MPA
Director, UK Kentucky Cancer Program

William F. Beam
Colon Cancer Survivor

Virginia Bradford, RN
Kentucky African Americans Against Cancer

Mary Coleman, RN
Department of Medicaid Services

Steve Davis, MD
Acting Commissioner, Kentucky Department for Public Health

Kim Dees, RN, MSN, MBA/HCM
Kentucky Hospital Association

B. Mark Evers, MD
Director, UK Markey Cancer Center

Paul Hopkins
Director, Pike County Public Health Dept.

Whitney Jones, MD
*Midwest Gastroenterology Associates,
Colon Cancer Prevention Project*

Benjamin Lee Kessinger III
Kinkead & Stilz, PLLC

Donald M. Miller, MD, PhD
Director, UL Brown Cancer Center

Jennifer Redmond, DrPH
Director, Kentucky Cancer Consortium

Ellen Schroeder
American Cancer Society

Andrea Shepherd
Director, Colon Cancer Prevention Project

Connie Sorrell
Director, UL Kentucky Cancer Program

Connie White, MD
University of Kentucky, College of Public Health

Representative Tom Burch

Representative Rocky Adkins

Senator Tom Buford

Kentucky Department for Public Health Staff

Gary L. Kupchinsky, MA, Acting Director, Division of Prevention and Quality Improvement

Sue Thomas-Cox, RN, CMAC, Chronic Disease Prevention Branch Manager

Janet C. Luttrell, Colon Cancer Screening Program Manager

Teri Wood, Epidemiologist, PhD, Chronic Disease Prevention Branch Epidemiologist

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Please direct requests for additional information to:

Janet C. Luttrell
Colon Cancer Screening Program Manager
Division of Prevention and Quality Improvement
275 East Main Street, HS2WE
Frankfort, KY 40621
janet.luttrell@ky.gov

Message from the Kentucky Colon Cancer Screening Program Advisory Committee

In 2008, the Kentucky General Assembly enacted House Bill 415 which provided for the establishment of a state-wide colon cancer screening program. According to the legislation, the Kentucky Colon Cancer Screening Program (KCCSP) was established for three purposes:

- 1) Increasing colon cancer screening;
- 2) Reducing morbidity and mortality from colon cancer; and
- 3) Reducing the cost of treating colon cancer among citizens of the Commonwealth.

Colon cancer is a significant health problem in Kentucky - it is the second leading cause of cancer death when rates for men and women are combined. Despite our successes over the years in raising our screening rates, over 30% of Kentuckians are still not screened for colon cancer according to the guidelines. Many colon cancers can be prevented by removing polyps before they develop into cancer.

As part of KRS 214.544, a Kentucky Colon Cancer Screening Advisory Committee (KCCSAC) was assembled to provide recommendations for the overall implementation and conduct of the Kentucky Colon Cancer Screening Program. Currently, over 20 representatives from organizations addressing colon cancer and screening activities provide consultation and oversight for the public awareness program as well as offering indirect support to the development of the program.

Efforts to move forward on the three purposes of the screening program are incremental and can only be accomplished in partnership with others. Members of the advisory committee continue to develop innovative and grassroots projects to address colon cancer screening in our state. In the 2010 Special Session, the General Assembly allocated \$200,000 from coal severance funds to support colon cancer prevention and screening efforts in four counties: Floyd, Letcher, Martin, and Pike. In the 2012 Legislative Session, \$170,000 was allocated from coal severance funds for Floyd, Knott, and Pike Counties. In addition, during the 2012 Legislative Session Governor Beshear allocated \$1,000,000 for the biennium to address colon cancer screening of the uninsured which was matched by \$1,000,000 from the Kentucky Cancer Foundation.

The coalition of partners comprising the Advisory Committee continue to move forward in their collaborative efforts to reduce the high rates of colon cancer incidence and mortality in Kentucky - through screening, early detection, and community outreach initiatives.

This annual report highlights this past year's effort and also describes the critical need to move forward with increased preventive screening messages and better access for those Kentuckians who have the greatest possibility of colon cancer incidence and mortality.



John M. Bennett, MD, MPH
Chair, Kentucky Colon Cancer Screening Program Advisory Committee

Executive Summary

This annual report from the KCCSAC for July 2011 through June 2012 is mandated by KRS 214.544 to provide an implementation and outcome update as well as recommendations to the Legislative Research Commission (LRC), the Interim Joint Committee on Health and Welfare, the Interim Joint Committee on Appropriations and Revenue, the Governor, the Secretary of the Cabinet for Health and Family Services (CHFS), the Commissioner of the Department for Public Health, and the general public.

Section I: Kentucky Colon Cancer Screening Advisory Committee and Program Support

- Overview of the Kentucky Colon Cancer Screening Advisory Committee

Section II: The Problem of Colorectal Cancer in Kentucky: An Overview of Data

- Incidence and Mortality Rates
- Screening Rates and Barriers to Colon Cancer Screening
- Disparate Populations

Despite successes over the years in raising colonoscopy screening rates to 63.7%, Kentucky still lags behind the national rate of 65.3% based on 2010 Kentucky and the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) data. Lower screening rates lead to later stage diagnosis of colon cancer. A brief overview of current data related to incidence, mortality, screening, and the burden experienced by disparate populations is found in Section II and illustrates the high burden of colon cancer in Kentucky. For the purposes of this document, “colon cancer” will be used interchangeably throughout this document with “colorectal cancer” or CRC as both phrases are medically and academically acceptable terminology.

Section III: Financial Impact of Colorectal Cancer in Kentucky

Colorectal cancer is a costly yet highly preventable disease. Investment in clinical preventive services has been proven cost-effective and can reduce the burden of incidence and mortality from colon cancer. The average charge for a single hospital stay in Kentucky in 2011 with a primary diagnosis of colorectal cancer was over \$48,000 and totaled more than \$95 million for the year. Although Medicare is the primary payer for the majority of cases, Kentucky Medicaid employer-sponsored insurance and self-pay citizens also share a portion of the cost to provide care for citizens with colon cancer.

Section IV: Kentucky Colon Cancer Screening Advisory Committee- Partnership Efforts

The KCCSAC is comprised of diverse stakeholders who all share the vision of improving colon cancer screening rates for Kentucky citizens in an effort to aid early detection; decrease mortality; improve health; and effect cost-savings for individuals, in addition to insurers, employers, the healthcare system, and government programs. A summary of major efforts is provided.

Section V: Education and Outreach related to the Kentucky Cancer Program

The Kentucky Cancer Program (KCP), funded through the General Assembly and administered through the University of Kentucky and the University of Louisville, continues to implement a state-wide education and awareness campaign, “Targeted Colon Cancer Outreach Program” (TCCOP). This program includes many community and individual level interventions in an effort to increase colon cancer screening throughout the state.

I. Kentucky Colon Cancer Screening Advisory Committee and Program Support

The KCCSP and the KCCSAC were developed in 2008 by passage of House Bill 415 which was codified into law as KRS 214.540-544 (Appendix A). The advisory committee provides oversight for a colon cancer screening public awareness campaign in Kentucky and produces this annual report on implementation and outcomes. The makeup of the advisory committee includes members representing organizations, agencies, and survivors of colon cancer who are working toward decreasing the incidence, mortality, and burden of colon cancer in Kentucky.

The KCCSAC met on the third Thursday of each month at 1:30 pm in the Capitol Annex. These meetings began officially in July of 2008 and, minutes are accessible by public record request through the Kentucky Department for Public Health (KDPH), Division of Prevention and Quality Improvement (DPQI). Each monthly meeting is dedicated to the development of the KCCSP, public awareness campaign, and recommendations that will move the program forward. Sample agenda items for these meetings may include: presentations with current data on incidence and mortality from the Kentucky Cancer Registry; reports from the Kentucky Cancer Program; updates to the program manual; best practice models for outreach, materials, links on the KDPH website (<http://chfs.ky.gov/coloncancer>); discussion of potential funding sources; and reports from sites providing screening.

The advisory committee continues to focus on developing a sustainable infrastructure for the KCCSP. According to the provisions of KRS 214.540, the program is established for the purposes of:

- (a) Increasing colon cancer screening;
- (b) Reducing morbidity and mortality from colon cancer; and
- (c) Reducing the cost of treating colon cancer among citizens of the Commonwealth.

Program staff support is provided by the Kentucky Department for Public Health (KDPH), which is collaborating with member organizations of the KCCSAC to develop the public awareness campaign, a data collection system, and an outreach and screening program. The Kentucky Cancer Program and the Kentucky Cancer Consortium provide expertise and connection to coalitions and networks of professional and lay persons working to decrease colon cancer in Kentucky.

KDPH will also continue its work on integrated cancer screening and prevention efforts with the Kentucky Women's Cancer Screening Program (KWCS) other programs within the Health Care Access Branch (HCAB), Chronic Disease Prevention Branch in the Division of Prevention and Quality Improvement, and external partners that address the needs of the uninsured, such as the local health departments (LHD) and the Federally Qualified Health Centers (FQHC). This collaborative effort will maximize outreach, avoid duplication of services, and reinforce consistent messaging.

II. The Problem of Colorectal Cancer In Kentucky: An Overview of Data

Introduction

Colorectal cancer (CRC) is common, costly, and most importantly, highly preventable. CRC generally affects those 50 years old and older. It is the second most commonly diagnosed invasive cancer after lung cancer (for both males and females combined) and is responsible for high age-adjusted mortality rates as a result¹. Despite the fact that there are very effective screening tests for colorectal cancer, many eligible Kentuckians still do not receive these screening tests.

In terms of the economic impact, the medical and societal costs of CRC are substantial². In addition to decreasing mortality rates by finding colon cancer in its pre-cancerous stage, screenings can also significantly reduce the societal financial burden associated with treatment²⁻⁴. Colon cancer screening strategies have been found to be “cost effective compared to no screenings” by the U.S. Preventive Services Task Force (USPSTF) as well as having a “high-impact on colon cancer burden”³⁻⁵.

Most colon cancers develop from a type of non-cancerous growth in the colon and rectum called an adenomatous polyp by detecting and removing polyps by screening asymptomatic, age eligible people can actually prevent the disease from occurring.

Depending on the type and stage of CRC when detected, as well as other individual patient characteristics, the treatment protocol may include surgery, chemotherapy, and/or radiation³⁻⁴. In addition to active treatment, maintenance follow-up and/or palliative care contributes to the overall medical costs of late stage diagnosis³⁻⁴. Regardless of the treatment methodology, treatment costs can range from \$30,000 to \$120,000 depending upon the stage of the cancer when diagnosed³⁻⁴.

This section of the report will review the key data on CRC in Kentucky, including the incidence and mortality cases, utilization of age appropriate screening tests, and barriers to screening. Data comparing Kentucky with the nation will also be reviewed as well as highlighting disparities within Kentucky.

Kentucky Colorectal Cancer Data Compared to the Nation

Figure 1 shows the incidence rate of CRC for each state. For the years 2005 to 2009 combined, the national age-adjusted CRC incidence rate was **46.2 per 100,000** compared to the Kentucky age-adjusted rate of **55.1 per 100,000 population**⁶. In fact, it is important to note that this **data show that Kentucky has the highest incidence of CRC in the nation**¹. The map shows eight states, including Kentucky that are colored red. These states have the highest rates in the nation, ranging from 51.8 to **Kentucky's high of 55.1 per 100,000**⁶. This clearly illustrates the challenge facing Kentucky in addressing this common, costly, preventable form of cancer.

Figure 1: Incidence Rates of Colorectal Cancer 2005-2009⁶

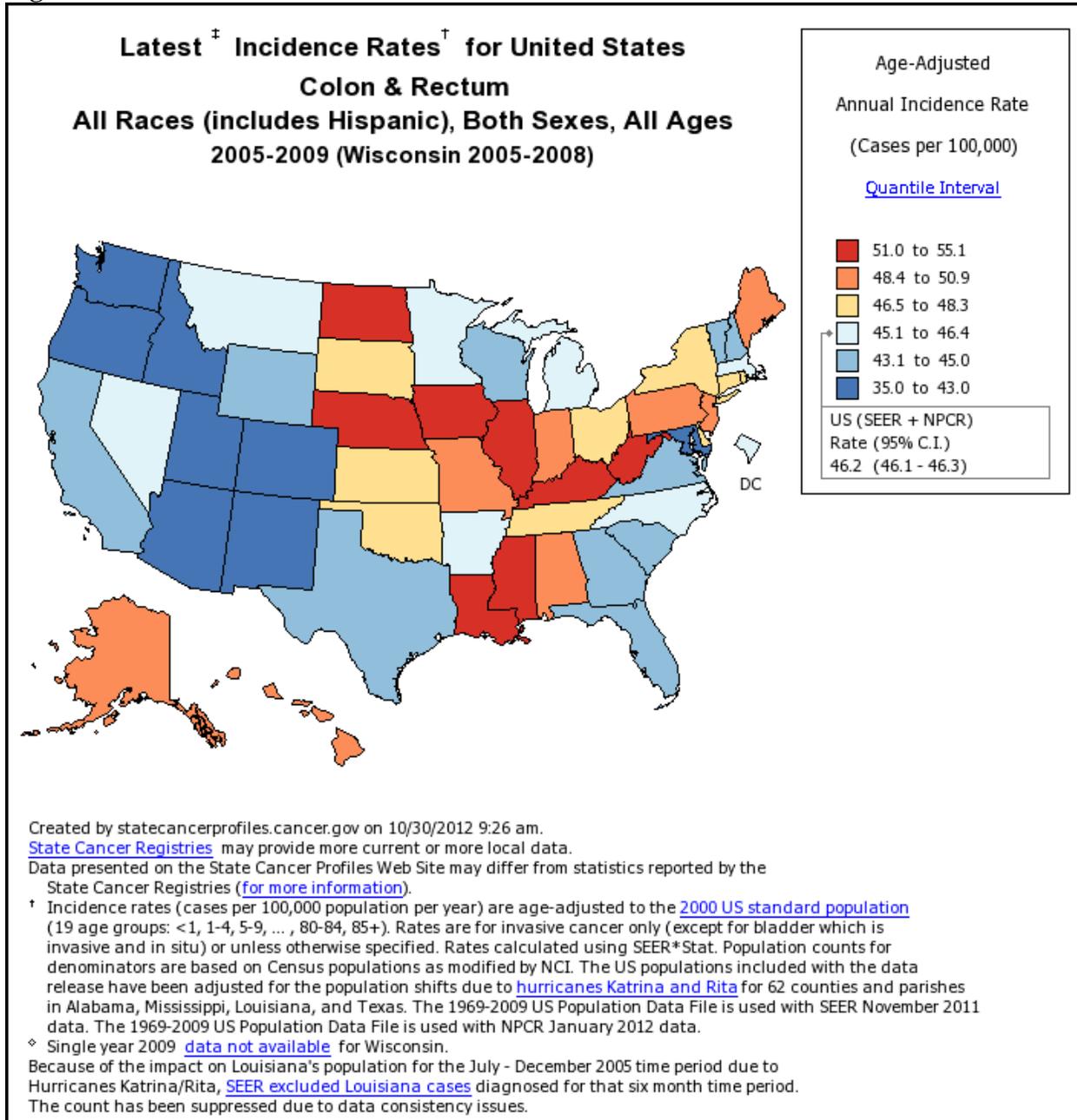


Figure 2 indicates the age-adjusted mortality rate due to CRC in each state for the combined years 2005-2009. The national mortality rate for CRC for those years combined is **16.7 per 100,000** while the rate for **Kentucky is the fourth highest in the nation at 19.8 per 100,000**^{1,6}.

Figure 2: Mortality Rates for Colorectal Cancer 2005-2009⁶

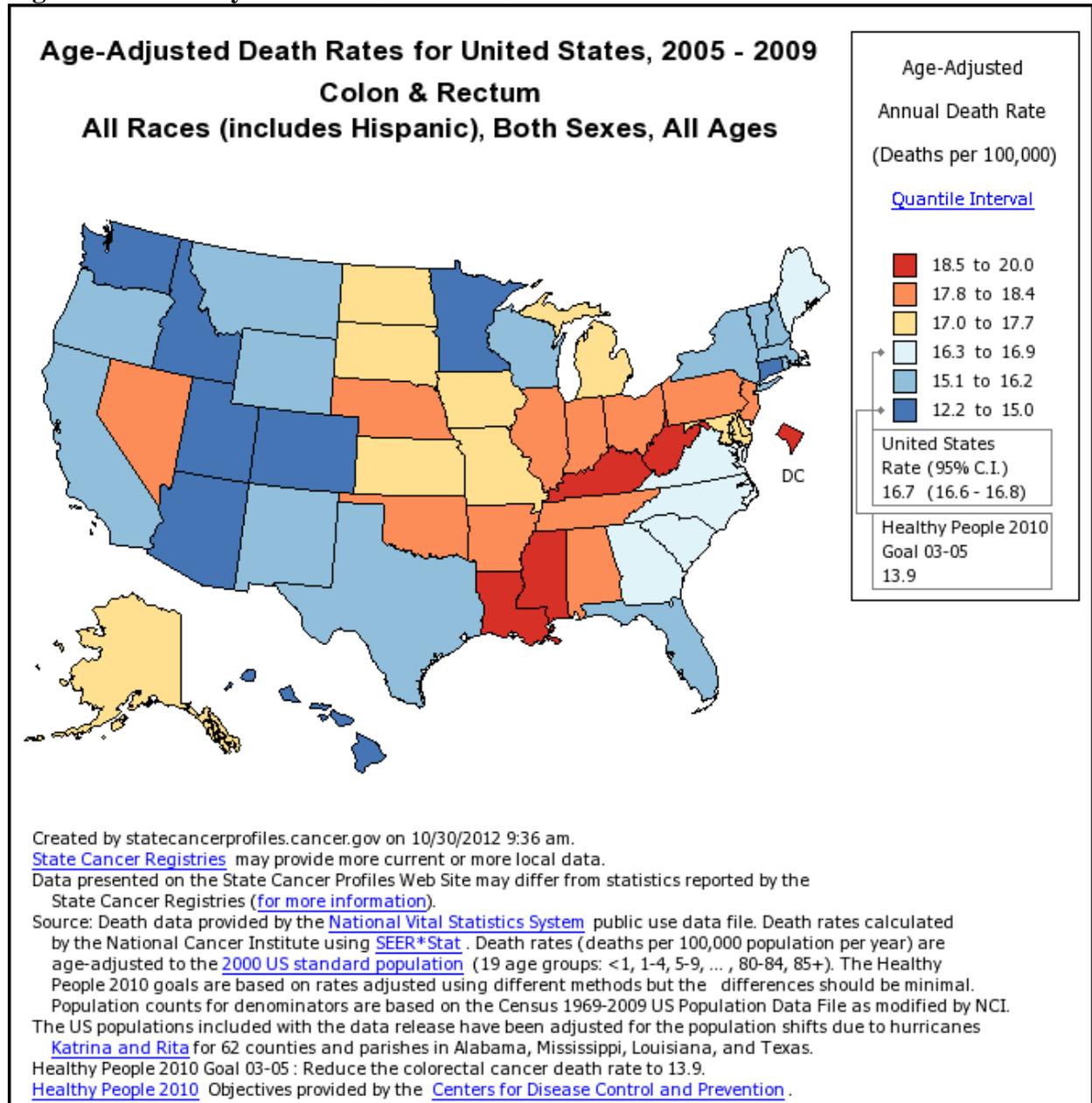
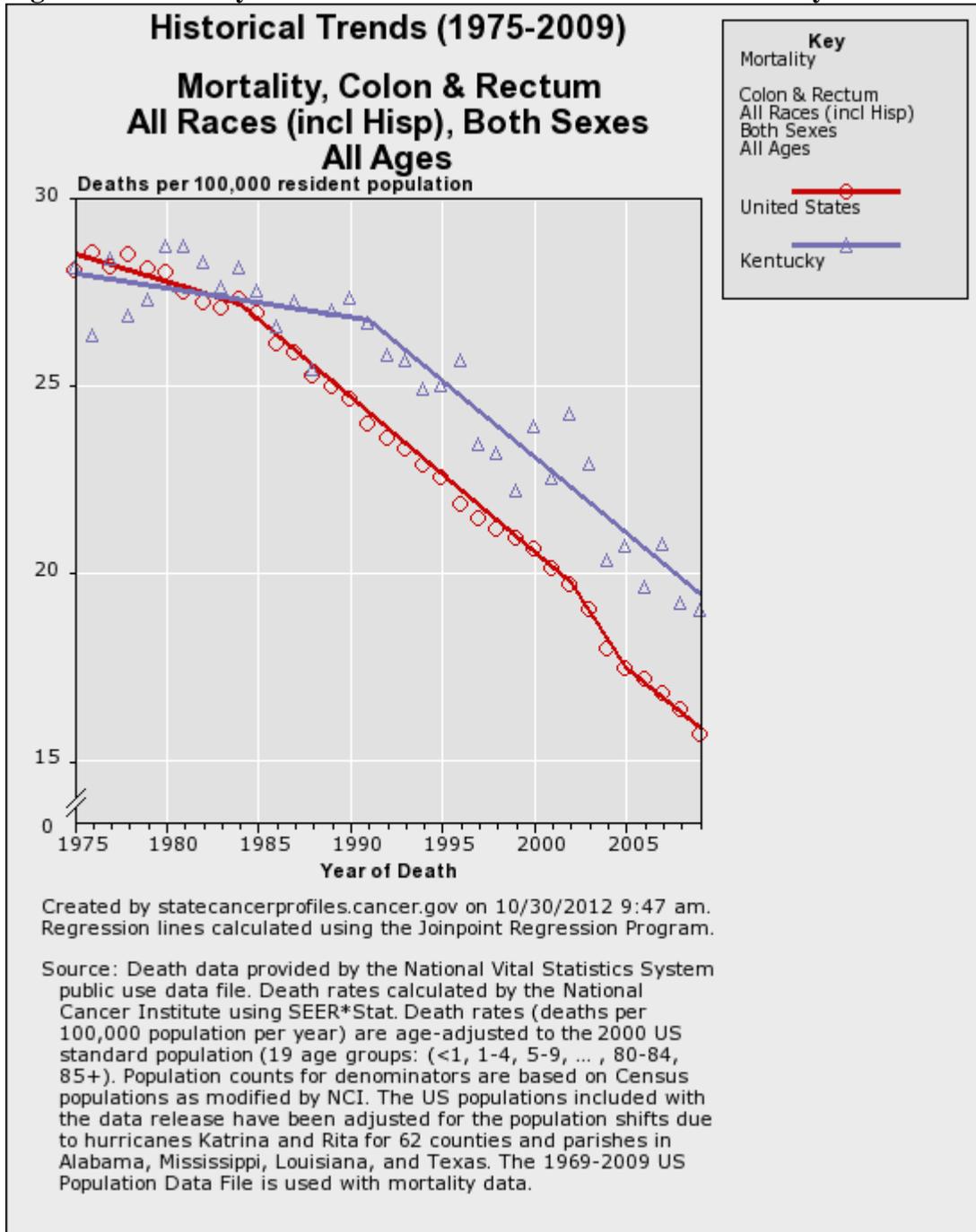


Figure 3 shows the comparison between Kentucky and the nation for colorectal cancer mortality. Since 1980, the mortality rate from colorectal cancer has been steadily declining, both in the United States and in Kentucky. However, the **rate of decline is much slower in Kentucky compared to the U.S.**, with Kentucky continuing to maintain a gap in mortality rates that is widening in recent years⁶⁻⁷.

Figure 3: Kentucky and US Trends in Colorectal Cancer Mortality 1975-2009⁶

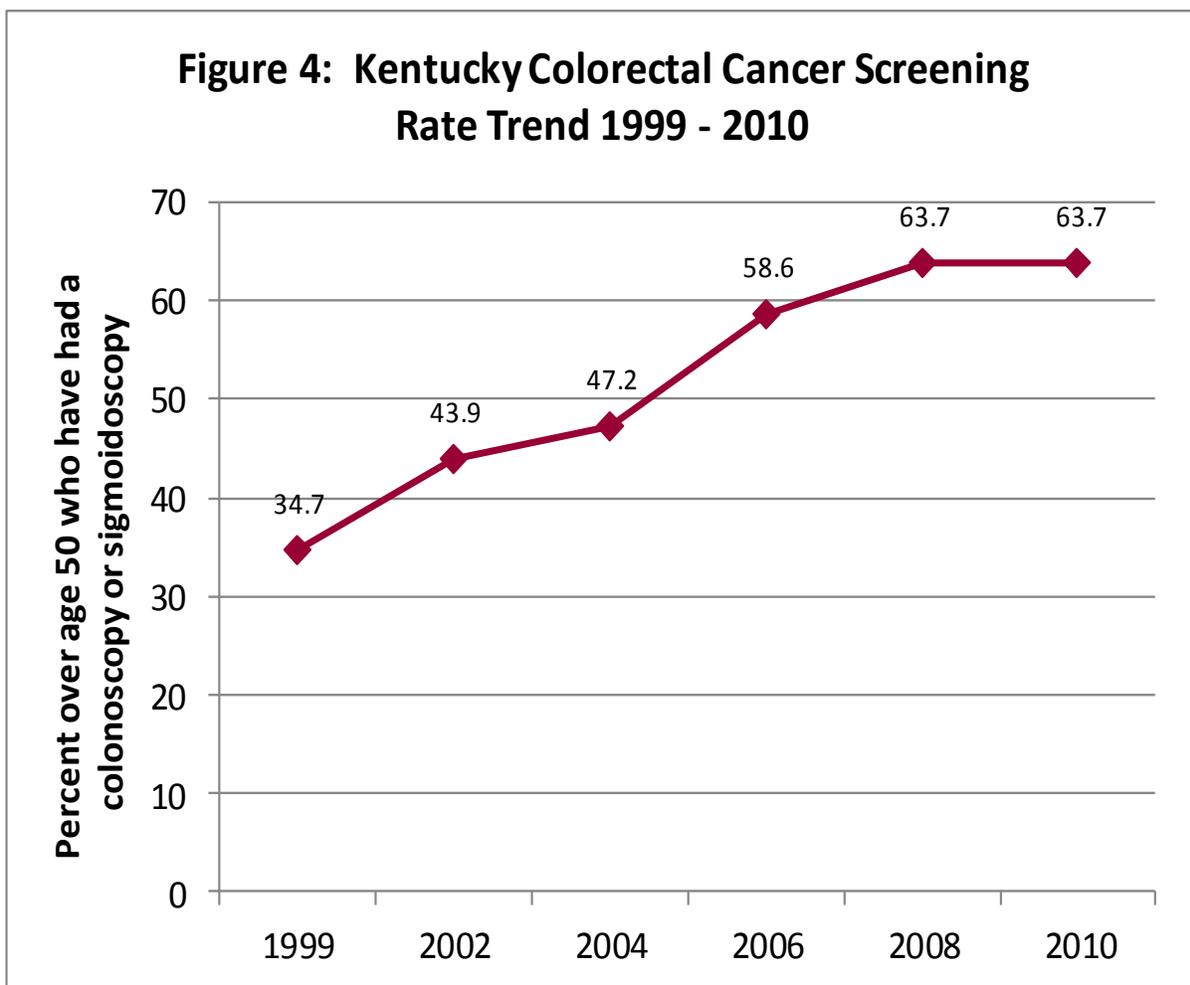


Colorectal Cancer in Kentucky

Screening Rates for Colorectal Cancer

For Kentucky to be successful in reducing the number of deaths due to colorectal cancer, it is necessary to ensure that Kentuckians receive appropriate screening based on their age and risk factors. The CDC states that “when colorectal cancer is found early and treated, the 5-year relative survival rate is 90%; however, because screening rates are low, less than 40% of colorectal cancers are found early”⁸.

Figure 4 shows the trend for Kentucky in the percentage of those aged 50 and older who have been screened for colorectal cancer using a sigmoidoscopy or colonoscopy. Kentucky has made significant progress since 1999 with increasing colorectal cancer screening rates; however, there is still much work to be done. The **2010 screening rate for Kentucky is 63.7%, lagging behind the national rate of 65.3%** based on the 2010 Kentucky and CDC Behavioral Risk Factor Surveillance System (BRFSS) data⁹.



Disparities in Colorectal Cancer Screening

Table 1 shows the percentage of Kentuckians aged 50 and older who have never been screened for colorectal cancer using either a sigmoidoscopy or a colonoscopy. Overall, slightly **more than a third of Kentuckians who meet the age criteria have not been screened** (36.3%). However, the data clearly show that the rate of not being screened is much **higher for those with lower levels of education and lower income levels**¹⁰.

50.5% of those with less than a high school education remain unscreened compared to 25% of college graduates. Similarly, 48.5% of those with incomes under \$15,000 per year are unscreened compared to 30.2% of those with incomes over \$50,000 per year.

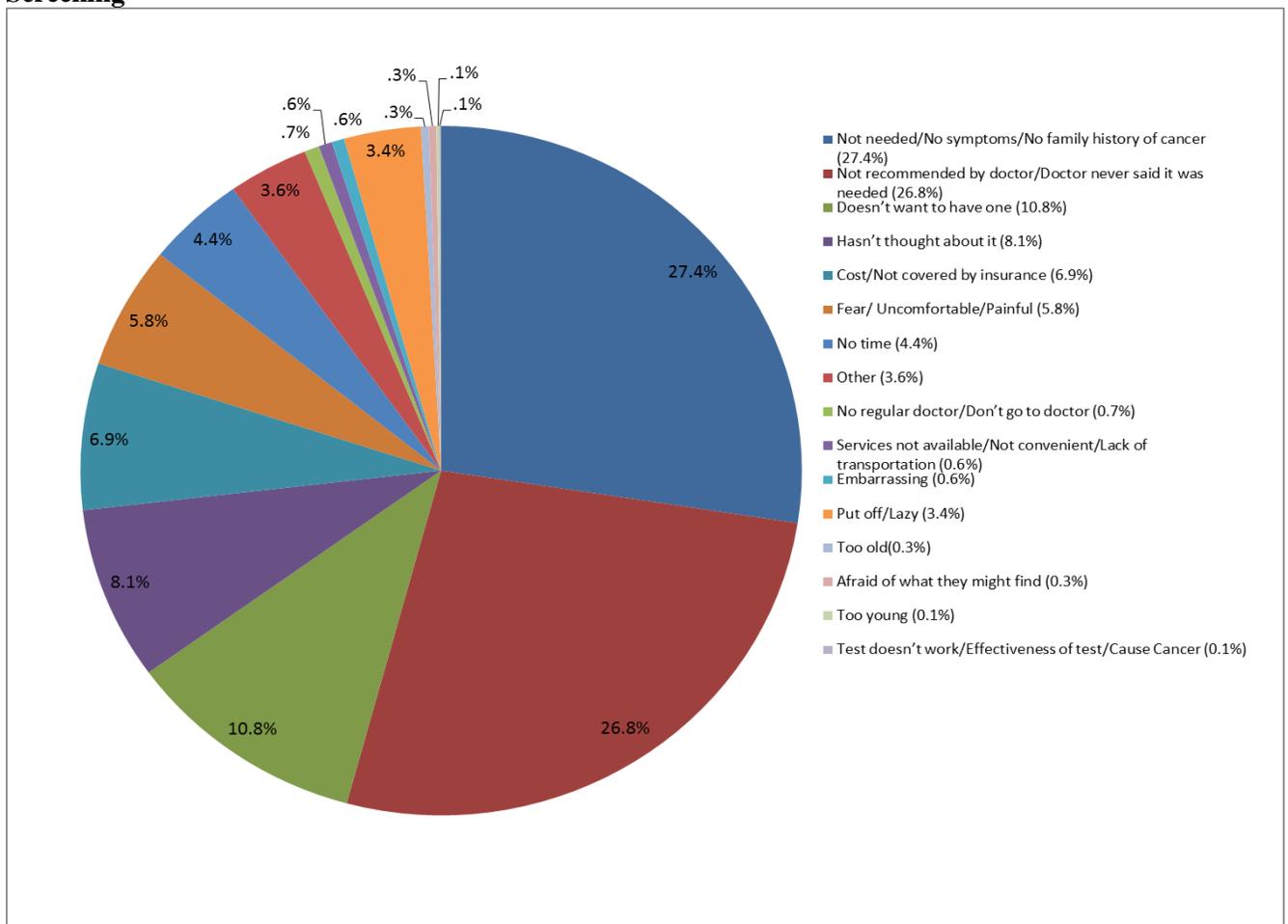
Table 1: Percent of Kentucky Adults aged 50+ who Have Never had a Sigmoidoscopy or Colonoscopy (2010 BRFSS)			
Level of Education	Percent (%)	Household Income	Percent (%)
Less than High School	50.5	< \$15,000	48.5
High School Graduate	39.8	\$15,000- 24,999	38.7
Some Post High School	35.0	\$25,000- 34,999	35.8
College Graduate	25.0	\$35,000- 49,999	34.5
		\$50,000+	30.2
All Kentucky	36.3	All Kentucky	36.3

Barriers to Colon Cancer Screening in Kentucky

In 2008, an optional question was added to the Kentucky BRFSS Survey to gain insight into reasons why Kentuckians are not having a preventive colon cancer screening test. This BRFSS data was analyzed and distributed by the Kentucky Department for Public Health to partners who began disseminating it further and incorporating it into their work plans to address the barriers. Some of the most common reasons given were: not needed/no symptoms/no family history of cancer, 27.4%; not recommended by doctor/doctor never said it was needed, 26.8%; doesn't want to have one, 10.8%; hasn't thought about it, 8.1%; cost/not covered by insurance, 6.9% (see **Figure 5**)¹⁰.

In response to this information, members of the Colon Cancer Screening Advisory Committee focused on the provider recommendation, the second most reported reason for never having a colon cancer screening: "Not recommended by doctor/Doctor never said it was needed." As a method to educate providers, Dr. John M. Bennett, Dr. Sarojini Kanotra, Dr. Jennifer Redmond, Susan Reffett, RN, and Sue Thomas-Cox, RN submitted the collaboratively written article, "Barriers to Colon Cancer Screening in Kentucky" to the Journal of the Kentucky Medical Association which was published in March 2011¹¹. This article reviewed the data on colorectal cancer in Kentucky and encouraged providers to work with their patients to increase screening referrals and patient compliance.

Figure 5: What is the most important reason you have never had a Sigmoidoscopy or Colonoscopy? Kentucky BRFSS 2008- State Added Question Regarding Barriers to Colon Cancer Screening



Disparities in the Incidence of Colorectal Cancer in Kentucky

When examining gender, race, and geographic location in terms of disparities, Kentucky has higher rates of colorectal cancer incidence in all categories compared to the rest of the nation. In Kentucky, males overall have a larger burden of colorectal cancer incidence than females. The disparity in race is especially prominent for black males who have a much higher rate than their white counterparts. Black females also experience higher incidence rates than white females. In addition, residents of Kentucky's Appalachian counties have a higher incidence rate than the rest of the state and the nation overall.

Population	Table 2: Kentucky and US Colorectal Invasive Cancer Age Adjusted Incidence Rates per 100,000, 2005-2009					
	Males		Females		Total	Total
	US ¹	KY ¹²	US ¹	KY ¹²	US ¹	KY ¹²
All	53.8	65.7	40.2	46.9	46.2	55.1
Black	65.1	76.6	48.0	56.1	54.8	64.3
White	52.5	65.2	39.0	46.3	45.1	54.6
Appalachia	--	68.5	--	48.4	--	57.2
Non-Appalachia	--	64.5	--	46.3	--	54.3

Disparities in the Mortality of Colorectal Cancer in Kentucky

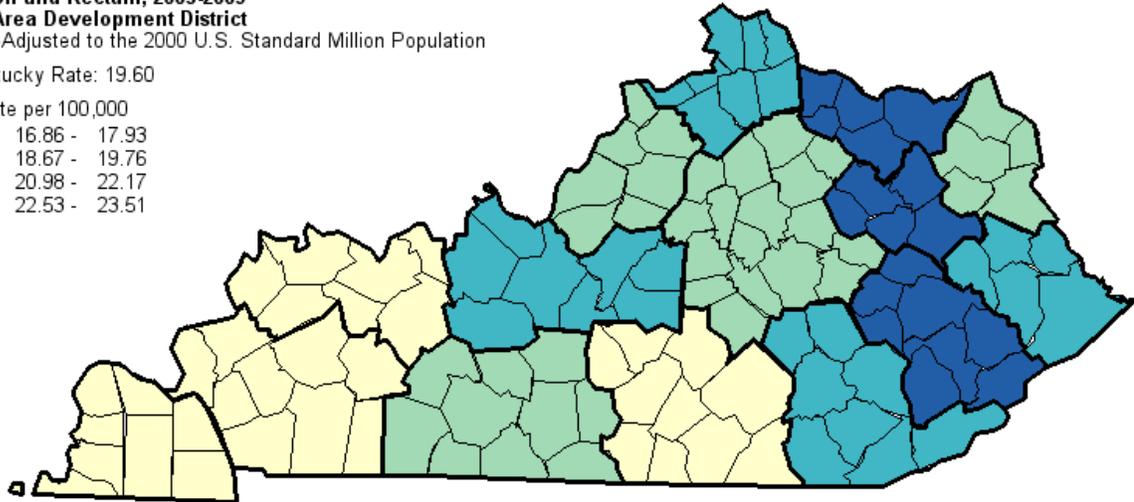
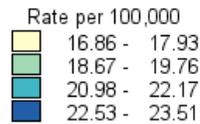
Similar to the differences seen in incidence rates, Kentucky also has significant disparities in terms of colorectal cancer mortality in all categories compared to the rest of the nation. The racial disparity is illustrated again for black males and females who have a much higher death rate from colorectal cancer than their white counterparts. The geographic disparity is again seen with residents of Kentucky's Appalachian counties having a higher mortality rate than the rest of the state and the nation overall.

Population	Table 3: Kentucky and US Age Adjusted Colorectal Cancer Mortality Rates per 100,000, 2005-2009					
	Males		Females		Total	Total
	US ¹	KY ¹²	US ¹	KY ¹²	US ¹	KY ¹²
All	20.2	24.3	14.1	16.6	16.7	19.8
Black	29.8	32.4	19.8	24.6	23.7	27.7
White	19.5	24.0	13.6	16.2	16.2	19.5
Appalachia	--	20.9	--	17.6	--	20.9
Non-Appalachia	--	19.1	--	15.9	--	19.1

When examining differences in CRC mortality by Area Development Districts (ADDs), there are significantly higher rates in Kentucky's Appalachian region. The highest rates are seen in the Gateway, Kentucky River, and Buffalo Trace ADDs. The national average is 17.6¹².

Age-Adjusted Cancer Mortality Rates in Kentucky
Colon and Rectum, 2005-2009
By Area Development District
 Age-Adjusted to the 2000 U.S. Standard Million Population

Kentucky Rate: 19.60



Data accessed October 31, 2012.
 Based on data released October 10, 2012.
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Age Adjusted Colorectal Cancer Mortality Rates – Kentucky Area Development Districts 2005-2009 ¹²		
ADD District	Age Adjusted Rate	Total Deaths
Gateway	23.51	98
Buffalo Trace	23.10	75
Kentucky River	22.53	140
Cumberland Valley	22.17	286
Big Sandy	21.21	178
Northern Kentucky	21.16	413
Lincoln Trail	20.98	270
KIPDA	19.76	958
Barren River	19.63	286
FIVCO	19.31	157
Bluegrass	18.67	683
Lake Cumberland	17.93	221
Pennyrile	17.81	219
Purchase	16.88	219
Green River	16.86	207
STATE OVERALL	19.60	4410

III. Financial Impact of Colorectal Cancer in Kentucky

The spectrum of costs attributable to colon cancer treatment is wide. Most costs are related to diagnosis and staging, treatment in hospital, and outpatient and follow-up care. Additional costs include those incurred by the employer related to missed work, lower productivity, and higher insurance premiums. There are also personal costs to patients and families, including out of pocket expenses, travel, and loss of income during treatment or permanent loss of work. Colorectal cancer is usually treated with surgery, chemotherapy, and/or radiation, depending on the type of colorectal cancer, the stage of cancer at diagnosis, patient health, and other factors³. Treatment costs alone range from \$30,000 to \$120,000 depending upon the stage of the cancer when diagnosed.³⁻⁴

The table below reflects inpatient discharges from Kentucky hospitals for primary diagnosis of colon cancer only. Although there is some appearance that hospitalizations have gone down for 2011 and costs were less, we know that improved, but costly regimens, have relegated much of the treatment to the outpatient setting. There are outpatient costs for chemotherapy and/or radiation, laboratory, and follow-up imaging studies to gauge effectiveness of treatment. Inpatient hospitalization data, which is already collected by the Office of Health Policy, give an indication of costs but reflects only a portion of the total charges to the individuals, employers, and payers.

Inpatient Discharges from Kentucky Hospitals with a **Primary** Diagnosis of Colorectal Cancer

Kentucky	2006	2007	2008	2009	2010	2011
Inpatient Discharges	2,179	2,212	2,093	2,158	2,140	1,971
Inpatient Charges	\$79,948,819	\$87,359,149	\$89,094,204	\$93,920,494	\$98,666,409	\$95,200,385.20

Office of Health Policy, Cabinet for Health and Family Services, Hospitalization Data

The average Length of Stay (LOS) in 2011 for inpatient hospitalization for a primary diagnosis of colon cancer was **8.34** days with an average charge of **\$48,202.73**. (Actual costs may vary as they are based on contractual agreements between providers and payers.) Men and women are hospitalized at very similar rates. It is important to note that patients may become more susceptible to infection or falls due to weakness or secondary complications from treatment. This additional data for hospital inpatient admissions for any diagnosis *and* colorectal cancer demonstrate that there is a great impact on those who have a history of colon cancer. There were a total of **4,030** hospital inpatient admissions for any diagnosis *and* colorectal cancer with charges of **\$159,133,312.77**.

In Kentucky in 2011, there were 146 hospitalizations in the 40-49 age group and 679 hospitalizations in the 50-64 age group for a primary diagnosis of colon cancer. There are certain familial and genetic components associated with colorectal cancer and any screening message should also address the importance of knowing family history. Persons with a family history of colon cancer are encouraged to work with their medical home/provider to know when to begin screening.

Patients with Medicare were hospitalized 1,183 times and account for 63% of the primary diagnosis charges or **\$59,741,040.14**. Overall there were 2,467 total hospitalizations for people with any diagnosis *and* colorectal cancer covered by Medicare with total costs of **\$101,239,789.75**; again indicating the need for screening and prevention strategies.

Commercial insurance incurred the next highest charges (28%) with hospitalizations for 235 women and 316 men with a primary diagnosis of colon cancer and total inpatient charges of **\$23,715,719.21**. There

were a total of 1,037 hospital admissions for people with any diagnosis *and* colon cancer with commercial insurance with total charges of **\$36,443,353.58**. Employers interested in saving money through prevention should review the numbers of persons and costs covered by the organization’s health plan and determine if there have been inpatient hospital admissions and ongoing treatment for colorectal cancer. It is possible that high quality health messaging and eliminating barriers to colon cancer screening would reduce these costs.

There are additional indirect costs for employers which include days of work lost, worker replacement costs, and short and long-term disability. Costs are substantial to the person with colon cancer as well, with co-pays and out-of-pocket expenses. The loss of income for the time period of treatment, use of savings for health care which were intended for retirement, and second mortgages of homes are all substantial risks associated with a diagnosis of late stage colon cancer necessary to fill payment gaps.

There were 121 hospital admissions for people covered by Kentucky Medicaid with a primary diagnosis of colorectal cancer in 2011 with charges of **\$6,559,940.14**. There were 278 hospital admissions with any diagnosis *and* colorectal cancer for patients covered by Medicaid with total charges of **\$12,504,714.60** in 2011. These costs have gone up incrementally over the years and have an impact on the state budget.

For people with no insurance and considered to be self-pay, there were 75 hospitalizations in 2011 for a primary diagnosis of colorectal cancer with charges of **\$2,716,118.18**. Comparing this number with 2010 when there were 62 inpatient hospitalizations with primary diagnosis of colon cancer and charges of **\$2,785,308.30**, there is a concern that the economy and higher rates of unemployment may indicate a trend to more self-pay patients. There were an additional 24 hospitalizations for which hospitals sought charity care with charges of **\$2,598,445.08** in 2011 as compared to 49 in 2010.

There is some indication that Kentuckians, employers, providers, and insurers are sharing the message that colon cancer screening saves lives. Over the past few years, Kentucky has shown some improvement in screening rates according to BRFSS as noted on the chart on page 11. However, rates for uninsured and/or low income persons remains lower than for those with college degrees and incomes over \$50,000.00. The U.S. Preventive Services Task Force (USPSTF) reviewed the main screening strategies for colorectal cancer and found that all were “cost effective compared with no screenings.”³⁻⁵ Additional prevention studies identify colorectal cancer screening as a high-impact, cost-effective service⁴.

The figures below represent outpatient service claim records, including those records submitted by a hospital with an affiliated Ambulatory Facility and for some “Free-standing” Ambulatory Facilities. Free-standing ambulatory facilities only recently began submitting data to the Kentucky Office of Health Policy so it is difficult to compare data over the years. Preventive screening codes with and without polyp removal, as well as some diagnostic colonoscopy procedure codes, are utilized for this report as it was impossible to differentiate from billing codes whether the procedure was a preventive screening and resulted in a polyp being removed.

Colonoscopy Procedures (Kentucky Hospitals and for some “Free-standing” Ambulatory Facilities)

Kentucky	2007	2008	2009	2010	2011
Colonoscopy	51,624	62,978	78,192	94,865	90,227

Office of Health Policy, Cabinet for Health and Family Services, Outpatient Services Data

Commercial insurance continues to account for the largest coverage source for colonoscopies, which would be expected as most colonoscopies completed in the state are for those in the 50-64 year age group. In 2011, there were 48,349 colonoscopy procedures covered by commercial payers.

The Kentucky Department for Medicaid Services has covered preventive colon cancer screenings for many years with a minimal patient co-pay of \$5.00. In 2011 there were 2,988 colonoscopies reported as covered by Kentucky Medicaid as compared to 3,017 in 2010 and 2,585 in 2009. The majority of these colonoscopies were for females, which is consistent with the total numbers of adults covered by Medicaid.

In 2011 there were 1,038 colonoscopies reported as self-pay and an additional 455 colonoscopies reported as charity for a total of 1,493 procedures not covered by commercial insurance, Medicare, or Medicaid. In the March 2011 Journal of the Kentucky Medical Association, Dr. Tucker, et al published findings that patients who lacked insurance had more than twice the odds of being diagnosed with advanced colorectal cancer¹³.

The Kentucky Colon Cancer Screening Program continues to move forward with education, outreach, and public awareness for prevention through screening. State funding appropriated in Fiscal Year 2013 will help remove barriers to screening for the uninsured.

IV. Kentucky Colon Cancer Screening Advisory Committee-Partnership Efforts: Awareness, Education, and Outreach Efforts of Partner Organizations

Cabinet for Health and Family Services (CHFS)- Kentucky Department for Public Health (KDPH):

- **Data System and Website:**
 - KDPH maintains and updates the state Colon Cancer Screening Program website with information including the annual report and education for the public, health educators, and providers as well as links to additional partner organizations.
<http://chfs.ky.gov/coloncancer>
 - CHFS and KDPH provide data on colon cancer screening via the Behavioral Risk Factor Surveillance System, hospital discharge data through the Office of Health Policy, and mortality surveillance from Vital Statistics.
- **Technical Assistance:**
 - KDPH provides ongoing technical assistance to local health departments and management for the development of colon cancer screening programs within the state, including those receiving Coal Severance Funds.
- **Worksite Wellness:**
 - The Colon Cancer Screening Program Manager developed a collaborative effort with the State Wellness Director in the Kentucky Personnel Cabinet and the Kentucky Cancer Program to host a special Dress in Blue Day focused on Colon Cancer Screening Awareness for state employees in March of 2012. Ms. Madeline Abramson met with state employee representatives to emphasize the importance of colon cancer screening and to summarize the planned events of the day that each employee could implement in their workplace. Approximately 30,000 employees were exposed to the colon cancer screening awareness message via their state payroll stub. Some state government cafeterias displayed large posters explaining the benefits of colon cancer screening and “blue plate specials” to emphasize the “blue star” associated with colon cancer screening.
- **Education and Outreach:**
 - Use of Preventive Health and Health Services Block Grant to support staff and for the Educational Colon East and West.
- **Awards and Recognition:**
 - Pike County Health Department, which is one of the mini-grants, received the Champions Award from the CDC Preventive Health and Health Services Block Grant in August 2011.

Coal Severance Funds:

- During the 2010 Legislative Session, \$200,000 was allocated in the biennial budget of 2010-2012 for the counties of Floyd, Letcher, Martin, and Pike. Each county received \$50,000 for screening. Coal severance funds were used to implement colon cancer education and screening programs for disadvantaged individuals without insurance.
- As of June 2012, 168 persons had been screened using coal severance funding. As a result, two cases of colorectal cancer were detected and polyps were removed from 65 individuals who had the potential to develop into cancer.
- It should be noted that Pike County’s screening program has been active since 2007, using local tax dollars directed by its board of health. Since that time, 193 individuals have received a colonoscopy through Pike County’s program. Of those screened, 29% had polyps that were removed, thus preventing the risk that they could develop into colorectal cancer. An additional seven individuals were diagnosed with cancer as a result of this program.

- During the 2012 Legislative Session, \$170,000 was allocated in the biennial budget of 2012-2014 for the counties of Floyd, Knott, and Pike. Floyd and Knott each received \$50,000 and Pike received \$70,000 for screening individuals without insurance. As of July 2012, Pike County's first year allocation was almost entirely depleted in the first three weeks of the fiscal year as a result of screening 24 individuals.

Colon Cancer Prevention Project (C2P2):

- **Education and Outreach:**
 - The Colon Cancer Prevention Project hired a patient navigator to perform risk assessments throughout the region, ensuring people know about colon cancer risks, symptoms, and screening and guiding them to screening services when appropriate. The navigator also will work on a program starting in fall 2012 that will link people to \$250,000-\$500,000 worth of in-kind screening services donated by Louisville and Southern Indiana physicians and facilities.
 - One million copies of "Are You at Risk?" blue brochures have been disseminated. The brochure, recently updated to include FIT screening, is an informational tool to teach people about the symptoms and risks of colon cancer, as well as screening.
 - The Colon Cancer Prevention Project had its sixth annual Walk Away from Colon Cancer & 5K Run in Louisville in August 2011. The event was the largest yet with more than 700 survivors, patients, physicians and concerned members of the community participating. Louisville Mayor Greg Fischer and his wife, Dr. Alexandra Gerassimides, were the Honorary Chairs of the event.
 - The Project began managing the schedule for the Giant Inflatable Colon, an educational tool owned by KDPH, that is used throughout the state to educate people on colon cancer and its screening options.
- **Policy Efforts:**
 - The Project is working on a CDC grant with the Kentucky Cancer Consortium that directly addresses policy work for colon cancer and the barriers to screening. One aspect of this work includes building a media strategy specific to colon cancer.
 - The Project worked with partners to successfully push for funding for the Kentucky Colon Cancer Screening Program. In March 2012, it held an event at the state capital to educate people on colon cancer and the need for access to screening. This event drew around 100 people and gained media attention.
 - The Project collaborated with partners including Crit Luallen, the former state auditor, to help form the Kentucky Cancer Foundation, which will focus on raising money for screening for colon cancer and will match the funds allotted by the state for KCCSP.
 - The Project collaborated with partners to draft a letter to all senate leaders encouraging them to utilize coal severance funding for colon cancer screening programs in their counties.
- **Awards and Recognition:**
 - The Project was invited to be part of the National Colorectal Council Roundtable and attended the group's annual meeting in November 2011 to discuss ways to increase colon cancer screening across the country.

Colon Cancer Prevention Committee (CCPC) under the Kentucky Cancer Consortium:

- **Education and Outreach:**
 - The Kentucky Cancer Consortium (KCC) Colon Cancer Prevention Committee, which includes 20 active member organizations, including the Kentucky Cancer Program, the American Cancer Society, the Kentucky Department for Public Health (including local health department representatives), Kentucky Department of Insurance, HealthCare Excel (Medicare QIO) as well as the Kentucky Medical Association, the Kentucky Hospital Association and healthcare insurers, has contributed an in-kind total of \$20,881 including staff, travel, and resources in FY 2012 to collectively increase colon cancer screening in Kentucky.
 - Revised and reprinted the Kentucky colon cancer screening campaign materials developed by the Committee in 2009. Materials were distributed statewide by committee member organizations.
 - Coordinated the purchase of the online domain name www.kycolon.org for use with all materials.
 - Created a fact sheet entitled “Getting checked for colon cancer: Which test, and how much will it cost?” which was posted to the KCC website and distributed among committee members.
 - Worked together to promote a regional colon cancer forum held in Christian County in December 2012, with approximately 75 in attendance.
 - Decorated Capitol Annex hallway with colon cancer screening materials.
 - Promoted March’s colon cancer screening awareness “Dress in Blue” day among member organizations and their networks.
 - Created and distributed flyers/ posters for each Kentucky Area Development District detailing the deaths from preventable cancers in their ADD with a focus on colon cancer.
 - In May 2012, the committee was restructured. Members will use their limited time and resources to become involved with their regional KCC District Cancer Council or the state level Policy, Systems and Environmental Change Breakout Team of the KCC. Committee members will re-convene on a statewide level annually at a colon cancer conference coordinated by KCC and other active partners.

Kentucky Cancer Consortium (KCC):

- **Policy and Environmental Systems Change:**
 - In the fall of 2011, the Colon Cancer Prevention Committee members were given the opportunity to utilize KCC Policy, Systems, and Environmental change grant funds towards a committee designated project. The committee allocated approximately \$10,000 in funding to the Pike County Health Department for continuation of its colon cancer screening public awareness campaign through utilization of radio, newspaper, and billboard PSAs. The ads seek to educate the public as to policy changes that reduce or eliminate the cost of screenings. Radio PSA scripts were written and approved by the committee. A coordinated evaluation plan was also developed and implemented among six Pikeville area screening providers to survey patients as to “Why did you come in to be screened?”.
 - Promoted KCC colon cancer screening worksite wellness initiatives among the organizations’ local networks.
 - Educated and informed organization members as to KCCSP funding status and opportunities to educate legislators. A sub-committee on the topic was formed and coordinated by KCC.

Kentucky Cancer Registry (KCR):

- Surveillance Data:
 - KCR continues to present data related to colorectal cancer incidence, mortality, and screening rates to partner organizations, Advisory Committee members, legislative members, and the general public. In addition, special attention is focused on disparate populations. This emphasis on statistical evidence helps diverse partners determine their work plan activities. Data presentations also assure the dissemination of this important information.
 - KCR has continued to strengthen its working relationship with academic institutions, particularly with the University of Kentucky Markey Cancer Program and the University of Louisville Brown Cancer Center.

Christian County/Western Kentucky Partnership Forum:

- Partnership Forum:
 - The Kentucky Department for Public Health provided funding through the Preventive Health and Health Services Block Grant for a fall forum which included presentations on data, best practices, Faces of Colon Cancer, survivor stories, and input from community policy and decision makers. The forum was held in collaboration with the Christian County Health Department, the Kentucky Cancer Program, and the Colon Cancer Prevention Committee
 - The purpose of the partnership event was to share ideas, develop relationships for possible future collaborations, and discuss what is working to increase colon cancer screening rates among the uninsured and underinsured population in Kentucky.

V. Colon Cancer Screening Education and Outreach

KRS 214.544, Section 3.8. The Kentucky Cancer Program, jointly administered by the University of Kentucky and University of Louisville, shall establish a colon cancer screening education and outreach program in each of the state area development districts. The program shall focus on individuals who lack access to colon cancer screening.

The Kentucky Cancer Program (KCP) continued to coordinate the “Targeted Colon Cancer Outreach Program” (TCCOP) established in the fall of 2009. This evidence-based model focuses on raising awareness of colon cancer screening among all Kentuckians and sets the stage for participation in the state program once it is funded. KCP is working with District Cancer Councils (DCCs) and community partners across the state to implement a comprehensive “Targeted Colon Cancer Outreach Program” in each of Kentucky’s 15 area development districts (ADDs).

This initiative encourages community organizations and groups to coordinate their efforts and form partnerships. It provides a broad framework of possible strategies from which organizations can work, including media campaigns, distribution of educational materials and key messages, educational programs for the public and health care providers, and special initiatives such as “Dress in Blue Day.” Reaching people who do not have access is a program priority.

During the past year, funding for TCCOP activities was provided by the Kentucky Cancer Program. In-kind contributions/support were secured from hundreds of partners, including hospitals, clinics, pharmacies, universities and colleges, The American Cancer Society, health departments, Cooperative Extension Service offices, Area Health Education Centers, businesses, chambers of commerce, government agencies, public schools, churches, libraries, and individuals. These partners integrated colon cancer education and outreach into their existing services.

Highlights of these activities for the past year are summarized below.

Public Awareness and Educational Materials

- Organizations/groups/businesses distributed over 40,670 posters, bookmarks, and church bulletins containing key messages about colon cancer screening in all 120 counties.
- Over 43,274 promotional pieces and 25,000 educational materials were disseminated across the state.
- Local resource guides were developed/updated by many KCP District Cancer Councils to assist individuals and organizations in locating colon cancer screening facilities in their community.

Dress In Blue Campaign

- Over 348 partners participated as part of a national campaign to raise awareness about screening.
- In addition to wearing blue on March 2, 2012, hundreds of special events and activities took place throughout Colon Cancer Awareness Month at worksites, hospitals, and businesses.

Educational Presentations

- The DCCs sponsored 76 educational programs targeting over 4,800 health care providers, social service organizations, businesses, and other community organizations and groups.

Regional and Small Media

- KCP distributed a Colon Cancer Screening Toolkit that was initially developed several years ago and is updated each year. It contains tips for reaching the media, sample press releases, articles for newspapers and newsletters, print advertisements, and public service announcements.
- DCC and community partners secured free publicity, including 103 television and radio shows, public service announcements, and newsletter and newspaper articles. In addition, hundreds of organizations were provided e-mail messages and encouraged to share them with their networks and employees. Although challenging to track, it is estimated that at least 150,000 messages were sent.

Special accomplishments:

- KCP continued to receive funding from the Kentucky Cancer Consortium through the Centers for Disease Control and Prevention to develop and pilot a new worksite wellness program designed to encourage employees to get screened for colon cancer. During the campaign, activities and messages focused on the importance of getting screened for colon cancer were shared with 445 employees.
- KCP coordinated 11 events in Louisville and western Kentucky where over 4,000 people toured the Kentucky Department for Public Health educational colon display and 2,167 completed a brief survey. The giant inflatable colon is an excellent way to work with local partners to increase awareness and provide education about the importance of colon cancer screening.

Appendix A: Statutes and Administrative Regulations

214.540 Definitions for KRS 214.540 to 214.544 -- Establishment and limitation of Colon Cancer Screening Program.

(1) As used in KRS 214.540 to 214.544:

(a) "Department" means the Department for Public Health in the Cabinet for Health and Family Services; and

(b) "Program" means the Colon Cancer Screening Program.

(2) The Colon Cancer Screening Program is hereby established for the purposes of:

(a) Increasing colon cancer screening;

(b) Reducing morbidity and mortality from colon cancer; and

(c) Reducing the cost of treating colon cancer among citizens of the Commonwealth.

(3) The provisions of KRS 214.540 to 214.544 shall be limited to the amount of appropriations to the department for the Colon Cancer Screening Program.

Effective: July 15, 2008

History: Created 2008 Ky. Acts ch. 126, sec. 1, effective July 15, 2008.

214.542 Eligibility for Colon Cancer Screening Program -- Services provided -- Funding -- Data collection -- Administrative regulations.

(1) The program shall provide colon cancer screening for uninsured individuals who are age fifty (50) to sixty-four (64) and other uninsured individuals determined to be at high risk for developing colon cancer.

(2) Services provided under the program may be undertaken by private contract for services or operated by the department. The program may also provide referral services for the benefit of individuals for whom further examination or treatment is indicated by the colon cancer screening.

(3) The department may accept any grant or award of funds from federal or private sources for carrying out the provisions of this section.

(4) The department shall establish a data collection system to document the number of individuals screened, the demographic characteristics of the individuals screened, and the types of colon cancer screening tests performed under the program.

(5) The department shall promulgate administrative regulations to implement the provisions of this section.

Effective: July 15, 2008

History: Created 2008 Ky. Acts ch. 126, sec. 2, effective July 15, 2008

214.544 Colon Cancer Screening Advisory Committee -- Membership -- Duties -- Annual report -- Colon cancer screening, education, and outreach programs.

(1) A Colon Cancer Screening Advisory Committee shall be established within the Kentucky Cancer Consortium. The advisory committee shall include:

(a) One (1) appointee appointed by the Speaker of the House;

(b) One (1) appointee appointed by the President of the Senate;

(c) The deputy commissioner of the Department for Public Health;

(d) Two (2) at-large members appointed by the Governor;

(e) The director of health initiatives for the mid-south division of the American Cancer Society;

(f) The director of the Kentucky Cancer Program at the University of Kentucky;

(g) The director of the Kentucky Cancer Program at the University of Louisville;

(h) The director of the Kentucky Cancer Registry;

(i) The director of the Colon Cancer Prevention Project;

(j) The chair of Kentucky African Americans Against Cancer; and

(k) The director of the Kentucky Cancer Consortium.

Members of the advisory committee shall be appointed for a term of four (4) years.

(2) (a) Members appointed under subsection (1)(a) to (d) of this section shall be appointed as follows:

1. Members shall be appointed for a term of four (4) years, except as provided in subparagraph 2. of this paragraph;

2. The initial appointments shall be for a period of two (2) years; thereafter, the appointments shall be for a term of four (4) years; and

3. Members shall not serve more than two (2) terms of four (4) years.

(b) Members serving under subsection (1)(e) to (k) of this section shall serve by virtue of their positions and shall not be subject to term limits.

(3) The chair of the advisory committee shall be elected from the membership of the advisory committee to serve for a two (2) year term. A member of the advisory committee may designate an alternate to attend meetings in his or her place.

(4) The advisory committee may add members from other organizations as deemed appropriate.

(5) The advisory committee shall provide recommendations for the overall implementation and conduct of the Colon Cancer Screening Program.

(6) The advisory committee shall establish and provide oversight for a colon cancer screening public awareness campaign. The Cabinet for Health and Family Services shall contract with the Kentucky Cancer Consortium at the University of Kentucky to provide the required support. The amount of the contract shall not be included in the base budget of the university as used by the Council on Postsecondary Education in determining the funding formula for the university.

(7) The Colon Cancer Screening Advisory Committee shall provide an annual report on implementation and outcomes from the Colon Cancer Screening Program and recommendations to the Legislative Research Commission, the Interim Joint Committee on Health and Welfare, the Interim Joint Committee on Appropriations and Revenue, the Governor, the secretary of the Cabinet for Health and Family Services, and the commissioner of the Department for Public Health.

(8) The Kentucky Cancer Program, jointly administered by the University of Kentucky and the University of Louisville, shall establish a colon cancer screening, education, and outreach program in each of the state area development districts. The colon cancer screening, education, and outreach program shall focus on individuals who lack access to colon cancer screening. The Cabinet for Health and Family Services shall contract with the University of Louisville and the University of Kentucky to provide the required support. The amount of the contract shall not be included in the base budgets of the universities as used by the Council on Postsecondary Education in determining the funding formula for the universities.

Effective: July 15, 2008

History: Created 2008 Ky. Acts ch. 126, sec. 3, effective July 15, 2008.

Legislative Research Commission Note (7/15/2008). There are two incorrect internal references in subsection (2) of this statute that have not been corrected in codification because they are drafting errors, not manifest clerical or typographical errors correctable by the Reviser of Statutes under KRS 7.136(1)(h). However, the reference in subsection (2)(a) to "subsection (1) of this section" should have been drafted as "subsection (1)(a), (c), and (d) of this section" since the deputy commissioner of the Department for Public Health referenced in subsection (1)(c) of this statute serves as an ex officio, not appointed, member of the advisory committee. Likewise, the reference in subsection (2)(b) of this statute to "subsection (1)(e) to (k) of this section" should have been drafted as "subsection (1)(c) and (e) to (k) of this section."

304.17A-257 Coverage under health benefit plan for colorectal cancer examinations and laboratory tests.

(1) A health benefit plan issued or renewed on or after January 1, 2009, shall provide coverage for all colorectal cancer examinations and laboratory tests specified in current American Cancer Society guidelines for colorectal cancer screening of asymptomatic individuals as follows:

(a) Coverage or benefits shall be provided for all colorectal screening examinations and tests that are administered at a frequency identified in the most recent version of the American Cancer Society guidelines for colorectal cancer screening; and

(b) The covered individual shall be:

1. Fifty (50) years of age or older; or
2. Less than fifty (50) years of age and at high risk for colorectal cancer according to current colorectal cancer screening guidelines of the American Cancer Society.

(2) Coverage under this section shall not be subject to a separate deductible or separate coinsurance but may be subject to the same deductible or coinsurance established for other laboratory testing under the health benefit plan.

Effective: July 15, 2008

History: Created 2008 Ky. Acts ch. 107, sec. 1, effective July 15, 2008

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U.S. Colorectal Death Rates:

<http://statecancerprofiles.cancer.gov/map/map.withimage.php?00&001&020&00&0&2&0&1&6&0#map>

Kentucky Colorectal Death Rates:

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Supporting Partners

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Kentucky Cancer Program
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