

**The Kentucky Colon Cancer Screening Advisory Committee  
Annual Report  
July 2009 through June 2010**

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**This report was prepared by**

**The Kentucky Department for Public Health  
Chronic Disease Prevention Branch in collaboration with  
The Kentucky Colon Cancer Advisory Committee**

**Supporting Partners**

**Kentucky Cancer Consortium  
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## **Message from the Kentucky Colon Cancer Screening Advisory Committee**

In the 2008 Regular Session of the General Assembly, the Kentucky General Assembly enacted KRS 214.544 which provided for the development of a colon cancer screening program within the Department for Public Health (DPH) to address the needs of colon cancer screening of the uninsured, limited to the amount of funding provided. While no funds were appropriated to implement the provision of the legislation, the DPH has moved forward to establish the Kentucky Colon Cancer Screening Program (KCCSP). The KCCSP is charged with providing outreach and education throughout the state to increase the rates of colon cancer screening and to provide for screening of the uninsured. (see KRS 214.540-544, Appendix A).

KRS 214.544 also created the Kentucky Colon Cancer Screening Advisory Committee (KCCSAC) to provide recommendations for overall implementation of the KCCSP, establish oversight for the public awareness program, and provide an annual report to the Legislative Research Commission (LRC), the Governor, the Secretary of the Cabinet for Health and Family Services (CHFS) and the Commissioner of the DPH. This document is a result of a collaborative effort between the DPH and the KCCSAC.

Colon cancer is a significant health problem in Kentucky – it is the second leading cause of cancer death in Kentucky. For a decade, the Commonwealth led the nation in both incidence and deaths from colon cancer. Each year, over 2,500 Kentuckians are diagnosed with colon cancer and more than 900 die from this disease. According to data from the Kentucky Cancer Registry (KCR), many of these cases are invasive, late-stage cancers, which are expensive to treat, often without success. Up to 90 percent of colon cancer deaths could be prevented by following the screening guidelines and removing colon polyps before they become cancerous.

Although the Centers for Disease Control and Prevention (CDC) has developed a colon cancer control program in 26 states, Kentucky is not funded under this federal program. Additionally, many at-risk citizens remain unaware of the life-saving benefits and lack access to colon cancer screening. Continued outreach to these populations is vital. The KCCSAC and program partners continue to search for all potential sources of funding in order to decrease the burden of colon cancer in Kentucky.

In the 2010 Special Session of the General Assembly, \$200,000 of coal severance funds were designated to support colon cancer prevention efforts in Martin, Letcher, Floyd, and Pike counties. The DPH will be providing technical assistance to each of these four counties.

Together we can maintain the momentum achieved over the past two years and reduce the high rates of colon cancer incidence and mortality in Kentucky through screening, early detection, and community outreach initiatives.



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Chair, Whitney Jones, MD

## **Executive Summary**

This annual report of the Kentucky Colon Cancer Screening Advisory Committee for July 2009 through June 2010 is mandated by KRS 214.544 and is designed to be reviewed by the Governor of Kentucky, the Legislative Research Commission, the Interim Joint Committee on Health and Welfare and the Interim Joint Committee on Appropriations and Revenue of the Kentucky legislature, the Secretary for the Cabinet of Health and Family Services (CHFS) and the Commissioner of the Department for Public Health, as well as being available to the general public.

**Section I** contains a brief overview of the data related to the incidence, mortality, disparate populations, and screening rates. This data quickly identifies Kentucky as a state with a particularly high burden for colon cancer when compared with other states. For the purposes of this document, “colon cancer” will be used interchangeably with “colorectal cancer” throughout as both are medically and academically acceptable terminology.

**Section II** includes information on the structure of the KCCSAC, the development of the KCCSP within the DPH, and accomplishments of the partners engaged through the KCCSAC.

**Section III** is a discussion of the financial impact of colorectal cancer on the state and the potential possibility of supporting a colon cancer screening program for Kentucky. Data related to inpatient charges for colon cancer treatment in Kentucky were supplied by the Office of Health Policy (OHP) in the CHFS and indicate a cost benefit with the development of a screening program by reducing the incidence and mortality from colon cancer in Kentucky.

## **I. The Problem of Colon Cancer in Kentucky**

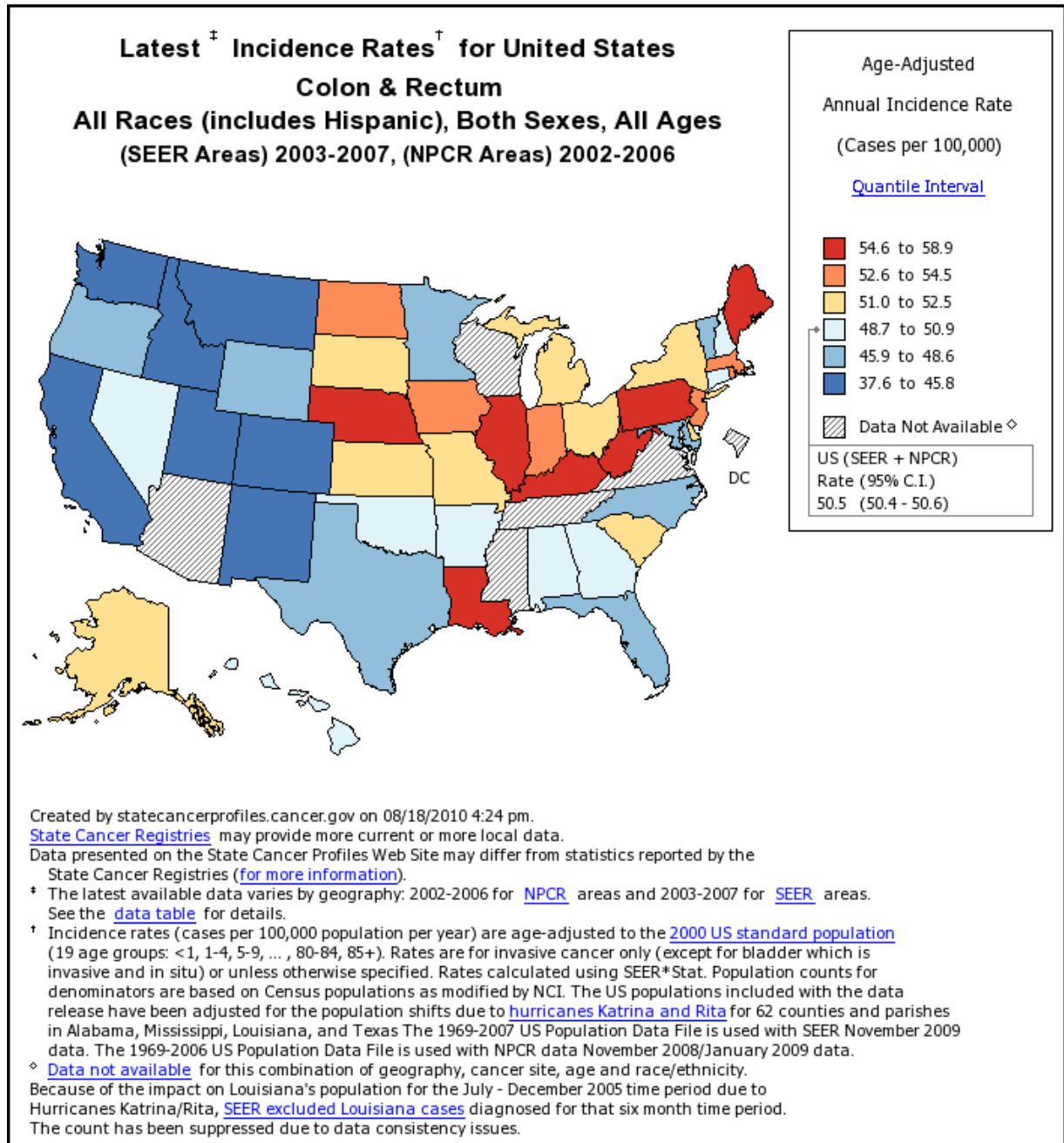
Colon cancer is a significant health problem in the United States. It is the third most commonly occurring cancer among both men and women. Approximately 150,000 new cases of colorectal cancer are diagnosed each year and nearly 50,000 people die from the disease each year. Colorectal cancer accounts for 10% of all cancer deaths in the U.S.<sup>1</sup>

According to the KCR, there were 12,458 cases of invasive colorectal cancer diagnosed in Kentucky during 2002-2006. Of those diagnosed, 6,329 were men (50.8%) and 6,129 were women (49.2%). By age group there were 5,442 diagnosed between 50 and 70 years of age and 5,861 diagnosed over age 70. In addition, 1,155 were less than 50 years of age at diagnosis.

Many cases of colorectal cancer could be prevented through appropriate screening. Most colon cancers develop from adenomatous polyps, which are noncancerous growths in the colon and rectum. Detecting and removing polyps by screening asymptomatic, age-eligible patients can actually prevent the disease from occurring. Furthermore, appropriate screening for colorectal cancer will result in detecting a number of cancers at an earlier stage when they are more likely to be cured and the treatment is less extensive.<sup>2</sup> The American Cancer Society (ACS) estimates that nine out of ten colorectal cancers could be prevented or cured by screening and regular check-ups.

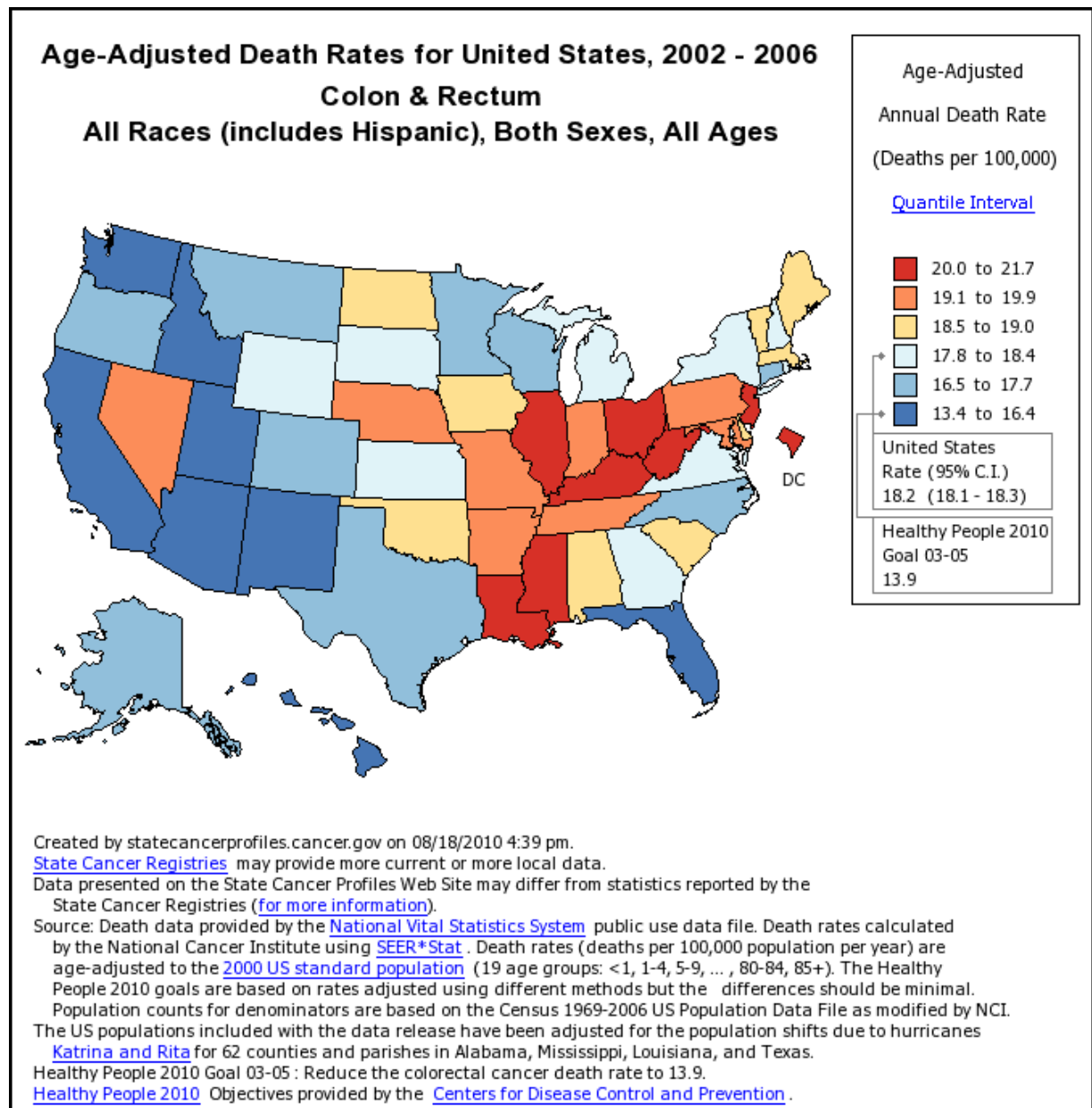
The value of colorectal cancer screening is clear. Despite the preventable nature of the disease, the National Cancer Institute (NCI) website for state cancer profiles indicates that Kentucky has the third highest mortality rate from colon cancer as compared to all other states and the District of Columbia for the most recent year of data (2006). Considering the data trend over time (2002-2006), both males and females in Kentucky have the second highest incidence rate and the second highest mortality rate from colorectal cancer among all of the states in the U.S. (Figure 1 and 2). More than nine percent of all cancer deaths in Kentucky are due to colorectal cancer.<sup>3</sup>

**Figure 1**



The U.S. CDC's National Program of Cancer Registries (NPCR) and The National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program, age-adjusted colorectal cancer incidence rate for 2002-2006 was 50.5 per 100,000 population, and the Kentucky age-adjusted colorectal cancer incidence rate for 2002-2006 was 58.0 per 100,000 population.

Figure 2



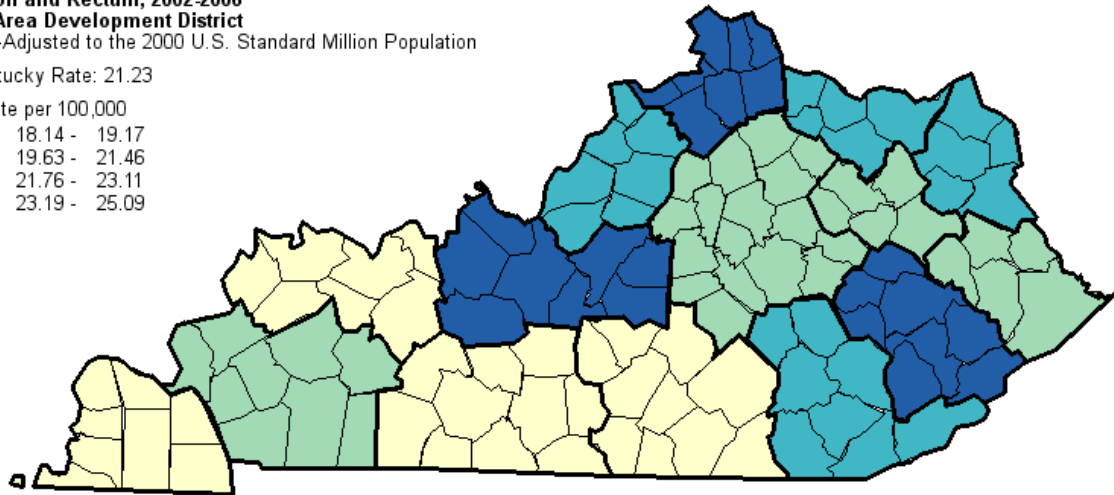
The U.S. age-adjusted colorectal cancer mortality rate for 2002-2006 was 18.2 per 100,000 population compared to 21.5 per 100,000 population in Kentucky.<sup>4</sup> **Both the male and female 2002-2006 colorectal cancer incidence and mortality rates were the second highest among all of the states in the U.S.**



**Figure 3**

**Age-Adjusted Cancer Mortality Rates in Kentucky**  
**Colon and Rectum, 2002-2006**  
**By Area Development District**  
 Age-Adjusted to the 2000 U.S. Standard Million Population  
 Kentucky Rate: 21.23

Rate per 100,000  
 18.14 - 19.17  
 19.63 - 21.46  
 21.76 - 23.11  
 23.19 - 25.09

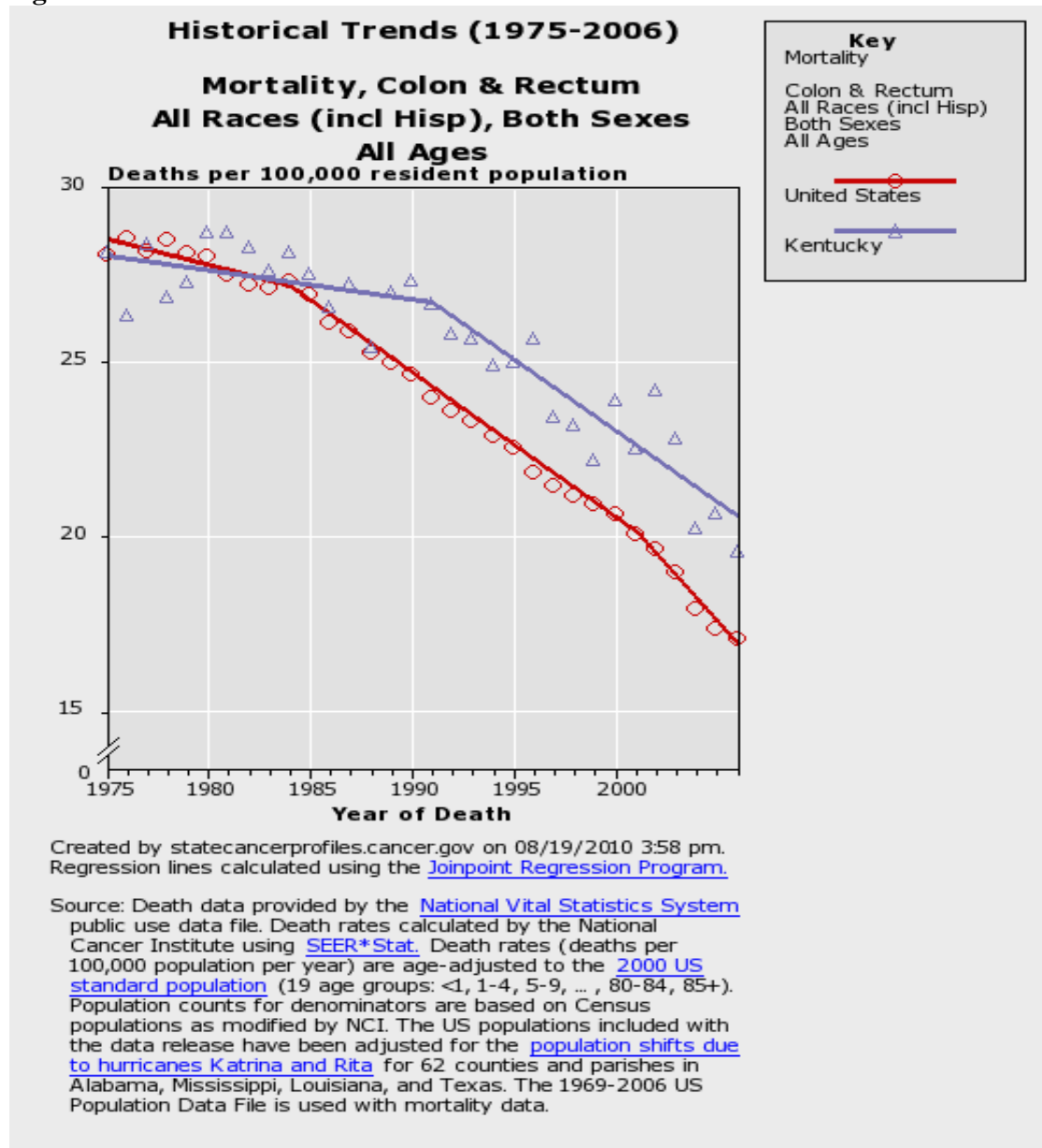


Data accessed August 19, 2010.  
 Based on data released July 22, 2009.  
 Copyright (C) 2010 Kentucky Cancer Registry

<b>Cancer Mortality Rates by Area Development District in Kentucky</b>				
<b>Colon and Rectum, 2002-2006</b>				
<b><u>Area Development District</u></b>	<b><u>Population at Risk</u></b>	<b><u>Deaths</u></b>	<b><u>Crude Rate</u></b>	<b><u>Age-adjusted Rate</u></b>
Kentucky River	590805	152	25.73	25.09
Northern Kentucky	2049125	419	20.45	23.27
Lincoln Trail	1253091	275	21.95	23.19
Kipda	4475875	1057	23.62	23.11
Buffalo Trace	278976	70	25.09	22.58
Cumberland Valley	1198749	275	22.94	22.26
Fivco	680401	170	24.99	21.76
Big Sandy	785976	171	21.76	21.46
Gateway	392526	82	20.89	20.59
Bluegrass	3581361	664	18.54	19.89
Pennyrile	1098941	236	21.48	19.63
Barren River	1319381	263	19.93	19.17
Purchase	965219	236	24.45	18.73
Green River	1040661	216	20.76	18.66
Lake Cumberland	987554	215	21.77	18.14
<b>STATE</b>	<b>20698641</b>	<b>4501</b>	<b>21.75</b>	<b>21.23</b>
<b>Note: All rates are per 100,000. Rates are age-adjusted to the 2000 U.S. Standard Million Population.</b>				
<b>Data accessed August 19, 2010. Based on data released July 22, 2009.</b>				

## Disparities in Colorectal Cancer Mortality and Screening Rates

Figure 4



Since 1980, the mortality from colorectal cancer has been steadily declining both in the U.S. and in Kentucky. However, the rate of decline is much slower in Kentucky compared to the U.S.<sup>3</sup> Thus, the gap between the colorectal cancer mortality rate in Kentucky and that for the U.S. is widening. The high burden of colorectal cancer in Kentucky is due, in part, to the differences in literacy and poverty. Lower levels of education and income are associated with significantly lower levels of screening for colorectal cancer.<sup>5</sup>

Tables 1 and 2 show the lower rate of colorectal cancer screening reported to the Behavioral Risk Factor Surveillance System (BRFSS) in 2008 by people with lower education and income levels in Kentucky compared to those with higher levels of education and income in Kentucky. There are two populations within Kentucky that have significantly lower rates of literacy and higher rates of poverty. These are urban African American populations and people living in Appalachia. These two populations have significantly higher colorectal cancer incidence rates compared to the entire state as shown in Table 3.<sup>4</sup>

**Percent Age 50+ Who Have Ever Had a Sigmoidoscopy  
or Colonoscopy, Kentucky, 2008\***

**Colorectal Cancer Incidence  
Rates, Kentucky, 2002-  
2006\*\***

**Table 1. Education Level**

Education	% Yes
Less than HS	50.1
HS or GED	60.8
Some post HS	65.8
College Graduate	73.5

**Table 2. Income Level**

Income	% Yes
Less than \$15,000	49.1
\$15,000-\$24,999	56.1
\$25,000-\$34,999	63.4
\$35,000-\$49,999	60.9
\$50,000 +	71.3

**Table 3. Incidence Rate**

Population	Rate
Kentucky	58.0
Urban African American population of Kentucky	72.0
Appalachian population of Kentucky	60.1

\*Source: Behavioral Risk Factor Surveillance System web site, 2010

\*\*Source: Kentucky Cancer Registry

All rates are per 100,000 population  
Age-adjusted to the US  
2000 standard population

**Table 4. Colorectal Cancer Incidence and Mortality by Race and Gender, 2002-2006**

	Incidence*				Mortality*			
	Men		Women		Men		Women	
	U.S.**	KY	U.S.**	KY	U.S.**	KY	U.S.**	KY
Race								
All	55.6	68.6	42.1	50.2	21.9	25.9	15.4	18.0
Black	68.6	83.1	53.4	61.8	31.4	30.7	21.6	28.8
White	54.6	68.1	41.2	49.5	21.4	25.7	14.9	17.4

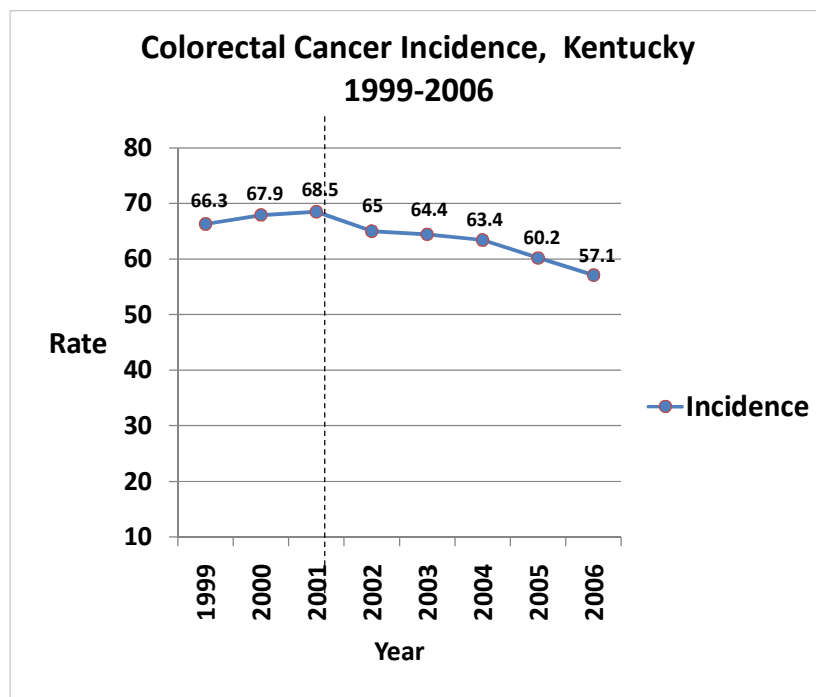
\*Rates are per 100,000

\*\*Incidence-SEER\*Stat SEER 13 Registries. Mortality-SEER All Cause of Death (COD), Aggregated with State, Total US.(1969- 2007) KY Rates accessed from the Kentucky Cancer Registry

## Colon Cancer Incidence and Mortality Data

In 2001, it was noted that Kentucky had the lowest colorectal cancer screening rate compared to all other states. To correct this situation, an intensive effort aimed at improving the colorectal cancer screening rate in the state was initiated at the end of 2001. This effort was coordinated through the Kentucky Cancer Consortium (KCC) and included active contributions from the DPH, the ACS, the Kentucky Cancer Program (KCP), the Colon Cancer Prevention Project (C2P2), the KCR, and many others. Since this initiative was implemented, both the colorectal cancer incidence and mortality rates in Kentucky decreased by 16% as shown in the following two graphs. These changes are statistically significant and consistent with what would be expected to occur with increased screening.

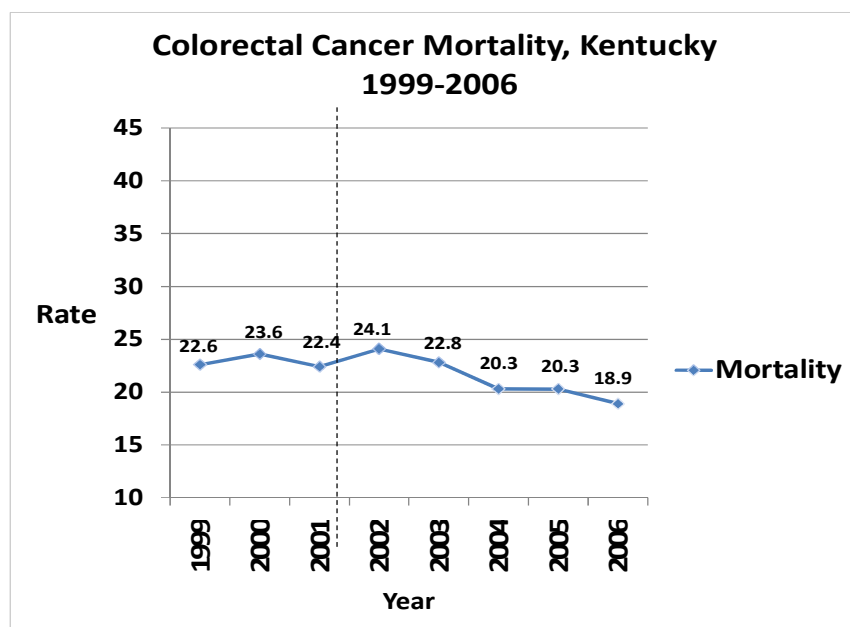
**Figure 5**



**P<.05**

**Source: KCR Website, Accessed Jan. 2010**

**Figure 6**



**P<.05**

**Source: KCR Website, Accessed Jan. 2010**

As shown in Figure 6, decreases in colorectal cancer incidence and mortality in Kentucky have been dramatic. These changes represent a true reduction in the number of people getting colorectal cancer and the number of people dying from colorectal cancer in the state. However, there is still considerable work to be done. More than one-third of the age-eligible Kentucky population has never had a screening colonoscopy or sigmoidoscopy. The colorectal cancer incidence and mortality rates could be reduced by an additional 15% if the remaining one-third of the age-eligible Kentucky population was screened. In order to successfully accomplish this important public health objective, it will be necessary to have funding for screening the uninsured, age-eligible population. The uninsured represent a large proportion of the age-eligible individuals in Kentucky who have never been screened for colorectal cancer. Screening this vulnerable, at-risk population will not only further reduce the incidence and mortality rates in the state, but it will also substantially reduce the cost of treating preventable or more advanced cases of colorectal cancer.

## **II. Kentucky Colon Cancer Screening Advisory Committee and Program Overview**

The makeup of the KCCSAC was established under KRS 214.544 (Appendix A) and includes members representing organizations and agencies that are consistently working toward decreasing the incidence, mortality, and burden of colon cancer in Kentucky.

The KCCSAC meets 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 recorded and accessible by public record request through the DPH, Division of Prevention and Quality Improvement (DPQI).

Each monthly meeting is dedicated to the development of the KCCSP and includes presentations from internal experts (e.g., data on prevalence and mortality from the KCR or reports from the KCP on public awareness and messaging); presentations from external experts including states with developed programs such as Colorado; review and development of grant applications, program manuals, best practice models for outreach, materials, and links on the website; and discussion of potential funding sources.

The future direction of the KCCSAC continues to be a focus on developing a sustainable infrastructure for a statewide colon cancer screening program. According to the provisions of KRS 214.540 (Appendix A), the KCCSP 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 and Organizational Support**

The DPH is collaborating with member organizations of the KCCSAC as required by statute to develop a colon cancer screening program for Kentucky. The KCP and the KCC provide expertise and connection to coalitions and networks of professional and lay persons working to decrease the burden of cancer in Kentucky.

The DPH will also continue to work on integrated cancer screening and prevention efforts with the Kentucky Women's Cancer Screening Program (KWCSPP) as well as other programs within the Health Care Access Branch (HCAB), and Chronic Disease Prevention Branch in the Division of Prevention and Quality Improvement and other external partners. Providers and partners who address the needs of the uninsured, such as the local health departments (LHD) and the Federally Qualified Health Centers (FQHC) can provide outreach to high-need populations. This collaborative effort will maximize outreach and avoid duplication of messaging.

### **Accomplishments of partners represented within the Kentucky Colon Cancer Screening Advisory Committee 2009-2010**

The efforts of the partnering organizations throughout the state of Kentucky have led to an increase in colon cancer screening. According to the KCR, the proportion of people 50 or older having either a sigmoidoscopy or colonoscopy has nearly doubled from 34.7 % in 2001 to 63.7 % in 2008. This improvement would not have been possible without the collaborative efforts of numerous organizations. Due to the brevity of this report, here are a few of the major highlights accomplished by the KCCSAC members for the fiscal year 2009-2010.

- Multiple groups secured resources to increase colon cancer screening in Kentucky.
  - A full-time position to coordinate the KCCSP continues to be funded by the DPH.
  - \$30,000 of the Preventive Health and Health Services Block Grant was used by DPH to enable the Louisville Metro Public Health & Wellness ( LMPHW) and the Pike County Health Department (PCHD) to provide outreach and education activities including the walk-through educational colons which are being used statewide.
  - \$30,000 in mini grants was provided to District Cancer Councils (DCC) to implement colon cancer education and outreach activities across the state by the KCP and the national Dialogue for Action (DA).
  - Over \$8,000 was used to produce and disseminate public awareness campaign materials by KCC and C2P2.
  - \$200,000 for colon cancer screening and awareness activities aimed at reducing cancer disparities in four eastern Kentucky counties was included in the 2010-2011 budget proposed in May, 2010.
- A resource program manual was developed to guide LHD and FQHC in implementing colon cancer screening programs.
- The DPH and KCR developed a web-based data collection system, Gen Trac, to facilitate tracking of patients from initial screening contact through follow-up care.
- Over 80 colonoscopies, performed by local providers and hospitals, have been paid for using locally-funded colon cancer screening programs initiated in the Pike and Floyd county health departments.
- Over 50 organizations were engaged in activities to support colon cancer activities through a monthly state-level CCPC.
- The Targeted Colon Cancer Outreach Program (TCCOP) was initiated in every area development district (ADD) across the state by the DCC.

- The “*To Catch a Killer: Preventing Colon Cancer in Kentucky*” program aired on Kentucky Educational Television (KET) across the state and in neighboring communities reaching approximately 25,000 viewers. This annual program was sponsored by the Preventive Health and Health Services Block Grant (PHHSBG) through DPH, in collaboration with the LMPHW and C2P2.
- A colon cancer screening display at the state capitol was exhibited during March to educate legislators about colon cancer. The exhibit was organized by ACS, KCC, and the C2P2.
- A national educational webinar, hosted by the CDC’s Cancer P.L.A.N.E.T., highlighted successes and “lessons learned” in cancer control in Kentucky.
- Over 30,000 educational pieces focusing on increasing awareness and the importance of prevention and early detection for colon cancer were developed and disseminated by the C2P2 and statewide partners through numerous health fairs and events.
- The fourth annual “*Walk Away From Colon Cancer*” was sponsored by the C2P2, local hospitals, physicians, and area businesses in Louisville. The event featured over 400 survivors, patients, and concerned members of the community as each participated to raise awareness and to promote screening.
- A newsletter and website page focusing on colorectal cancer was created by the Kentucky Department for Medicaid Services (DMS) at <http://chfs.ky.gov/NR/rdonlyres/F8B1AEB0-FB0C-414A-8CB7-2C5D4D554BE5/0/ColonCancerNewsletterVolume1Issue1.pdf>. They also maintain a colon cancer webpage on their health information web site, <http://chfs.ky.gov/dms/hi/Colorectal+%28Colon%29+Cancer.htm>
- Approximately 5,000 Colorectal Screening Tip Sheets, developed by C2P2 as a tool for healthcare providers to encourage proper screening and surveillance recommendations, were distributed to physicians across the state. This tip sheet is displayed on the Kentucky CHFS, KCCSP website at <http://chfs.ky.gov/NR/rdonlyres/F9A13152-5E3E-4763-8A0B-B72861CD52F3/0/ColorectalCancerScreeningTipSheetCCPP.pdf>
- In the 2010 General Assembly’s regular session, ACS volunteers were instrumental in the passage of Senate Bill 18, which will provide coverage for routine medical costs for patients undergoing clinical trials.



## **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 colon cancer screening, education, and outreach program shall focus on individuals who lack access to colon cancer screening.***

The KCP developed a statewide initiative to raise awareness of colon cancer screening among all Kentuckians, setting the stage for participation in the state program for the uninsured as funds become available. Drawing on its education and outreach expertise and network of 13 regional offices, KCP worked with DCCs and community partners across the state to create TCCOP in each of Kentucky's 15 ADDs. Based on a model developed by the Northeast Pennsylvania Cancer Institute, TCCOP is evidence-based and includes best practices and evaluation. It has been endorsed by all the DCCs, the ACS, the KCC, CCPC, and the KCCSAC.

The 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 project priority.

During the past year, funding for TCCOP was provided by the CDC through a supplemental grant to the KCC, DA, LHD and KCP. In-kind contributions and support were secured from hundreds of partners, including hospitals, clinics, pharmacies, universities and colleges, ACS, LHDs, Cooperative Extension Service offices, Area Health Education Centers (AHEC), 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.**

During Fiscal Year 2009-2010, DCCs across the state had 44 meetings with 456 representatives of community organizations and groups focused on developing plans to implement TCCOP strategies and activities. Community organizations and groups working together made significant progress in moving forward to increase colon cancer screening education and outreach.

### **Public Awareness and Educational Materials**

- More than 161,682 posters, bookmarks, and church bulletins containing key messages about colon cancer screening were distributed by over 900 organizations, groups, and businesses in all 120 counties as part of a public awareness campaign funded by the KCC.

**Educational Presentations**

- A total of 32 educational programs targeting over 1,182 health care providers, social service organizations, businesses, and other community organizations and groups were conducted. Many of the presentations featured Dr. Whitney Jones, Clinical Professor of Medicine at the University of Louisville and founder of the C2P2.

**Regional and Small Media**

- A colon cancer media tool kit for organizations and groups containing sample press releases, articles for newspapers and newsletters, print advertisements, and public service announcements was created and disseminated in all 15 ADDs.
- A total of 71 free television and radio shows, public service announcements, and newsletter and newspaper articles were secured and 29,752 targeted mailings and e-mails were sent.
- The fourth annual “*Walk Away From Colon Cancer*” was sponsored by the C2P2, local hospitals, physicians, and area businesses in Louisville. The event featured over 400 survivors, patients, and concerned members of the community as each participated to raise awareness and to promote screening.

**Dress In Blue Campaign**

- Over 700 community partners participated in the “Dress in Blue” campaign. Hundreds of special events and activities took place throughout colon cancer awareness month at worksites, hospitals, and businesses as part of this national campaign.

## Kentucky Educational Colon Tour

Over 3,000 people have toured an inflatable, 8 ft x 20 ft educational colon, a collaborative outreach of the PCHD and the DPH. Over 80 colonoscopies have already been performed at the local hospital as a result of this collaboration. Two additional colons were purchased in the western part of the state by the LMPHW and Norton Cancer Institute Prevention and Early Detection Program. These educational colons have been used by other LHDs, FQHCs, local hospitals, media, and other organizations to emphasize the importance of colon cancer screening. The educational colons were on display at the Kentucky State Fair with an opportunity for education and are available for use by community organizations and groups to increase awareness about the importance of colon cancer screening.



### III. Financial Impact of Colorectal Cancer on Kentucky

Colorectal cancer generally affects those 50 years old and older, and though it can be a costly disease to treat, it is highly preventable. 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 factors. When treatment cost analysis for colon cancer has been conducted, initial and maintenance care is included and sometimes terminal treatment during the final six months of life. Regardless of the methodology, the general consensus is that treatment costs can range from \$30,000 to \$120,000 depending upon the stage of the cancer when diagnosed.<sup>7</sup> The US Preventive Services Task Force (USPSTF) reviewed the main screening strategies for colorectal cancer and found that all were cost effective compared with no screenings. Additional prevention studies identify colorectal cancer screening as a high-impact, cost-effective service.<sup>8</sup> The table below reflects only inpatient discharges from Kentucky hospitals for primary diagnosis of colon cancer.

Discharges with a Primary Diagnosis of Colorectal Cancer

Kentucky	2006	2007	2008	2009
Inpatient Discharges	2,179	2,212	2,093	2,158

*Office of Health Policy, CHFS, Hospitalization Utilization Data*

The primary payer for these costs is Medicare, with approximately 60 percent of the annual discharges and charges attributed to patients covered by Medicare. Prevention of colorectal cancer could substantially reduce the burden to the Medicare program, the Commonwealth's Medicaid costs, and costs carried by employers and employees who purchase insurance. Additional indirect costs for employers include days of work lost, worker replacement costs, worker's compensation, and short and long-term disability. Costs are substantial to the person with colon cancer as well, with co-pays and out-of-pocket costs that sometimes range as high as 40 percent. For those with catastrophic coverage only, costs for outpatient treatment such as radiation and chemotherapy may not be covered. The loss of income for the time period of treatment and the risk of bankruptcy or loss of housing is a pervasive problem as well.

There is some good news in colon cancer screening for Kentucky over the past few years. There continues to be a substantial increase in colonoscopy usage for Kentucky residents ages 50 and older. The figures below represent preventive screening and potential removal of polyps as well as diagnostic procedures. Reporting data to the Kentucky OHP includes hospitals and some "free standing" ambulatory clinics not connected with a hospital. These usage reports help to verify the increase over the past few years of self-reported colon cancer screening on the Kentucky BRFSS reports. In 2009, these totals reflect colonoscopy procedures for 43,528 females and 34,664 males. This may indicate that appropriate education or reduction in barriers to screening such as time off from work may be issues for men. Additionally, in 2009, over half (43,410) of those screened reported commercial insurance which would include TriCare as well as the usual small and large insurers in the state. Most of those in this insured group, (39,724) were in the age group of 50-64 years of age which will continue to reduce cancer incidence and mortality rates by early screening and prevention.

#### Colonoscopy procedures in Kentucky Hospitals

Kentucky	2007	2008	2009
Colonoscopy	51,624	62,978	78,192

*Office of Health Policy, CHFS, Outpatient Services Data*

In Kentucky, the DMS has chosen to cover colonoscopy with a minimal co-pay of \$5.00 by the patient; however, the rates for those persons with Medicaid in Kentucky are still somewhat low with only 2,585 Medicaid recipients screened in these totals for 2009. Females with Medicaid represented more than two-thirds of the 2,585, but that may be expected due to the current federal and state Medicaid eligibility regulations.

There were approximately 1,401 self-pay colonoscopy procedures and an additional 408 colonoscopies reported as charity for 2009. There are approximately sixteen percent of the Kentucky population ages 50-64 uninsured at any given time during the year. Although it is impossible to extrapolate how many of the uninsured may have been screened prior to losing insurance or if they have ever been screened, Kentucky BRFSS figures offer some indication that being uninsured greatly reduces the possibility of prevention through colon cancer screening. In 2008, Kentucky added a question to the BRFSS Colon Cancer Module in order to further define which of the colon cancer screening methods a person had completed and what was the most important reason they had never had a screening. Respondents who had never had a sigmoidoscopy or colonoscopy most often responded that they had no symptoms or didn't think they needed it (27.4%) and it had not been recommended by their doctor (26.8%). These responses will also help us determine goals, objectives, and best practices for discussions between providers and their patients.

Additionally, it should be noted that according to Kentucky BRFSS data in Section I, persons with incomes less than \$15,000 annually have much lower screening rates as compared to those with higher incomes. Also, many of the working poor do not qualify for Medicaid although they may be low income. Programs such as the ones in Pike County and Floyd County, as well as other newly created pilot sites in the state, will help to cover these individuals, but there are still many uninsured Kentuckians who do not have access to prevention through colon cancer screening.

In summary, investment in clinical preventive services such as colon cancer screening has been proven to be cost effective and can reduce the burden of incidence and mortality from colon cancer in Kentucky. The KCCSP continues to move forward with education, outreach, and public awareness for prevention through screening. It is hopeful that partnerships and future funding will increase the reach to those who have never been screened and that those who cannot afford to be screened will gain access to the health system.

## **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



## **Appendix B: Legislative Update, April 2010**

On April 26, 2010, Governor Steve Beshear signed House Bill 72 into law. This legislation modifies the 2008 statute, KRS 214.540- 214.544, that established the KCCSP for uninsured individuals and an education campaign to motivate all Kentuckians at risk to get screened. Bill sponsor Representative Tom Burch, was joined by 47 bipartisan co-sponsors. As introduced, the bill allocated funds to make the program operational. The bill passed both the House and Senate, but was significantly modified during Senate debate. The funding provisions were removed but components that will ultimately help improve access to screenings for lower income Kentuckians were maintained. This legislation creates a sliding-fee scale that will allow local health departments to screen more individuals once the General Assembly invests funding into the screening program.

The legislation was also named in honor of Richard “Butch” Stewart, a long-time employee of the Kentucky General Assembly who died from colon cancer during the legislative session. In addition, the legislature designated \$200,000 of Coal Severance funds to support colon cancer prevention efforts in Martin, Letcher, Floyd, and Pike counties.

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## References

1. American Cancer Society. Cancer Facts and Figures 2010. Atlanta: American Cancer Society; 2010.
2. American Cancer Society. Colorectal Cancer Facts and Figures 2008-2010. Atlanta: American Cancer Society, 2008.
3. Kentucky Cancer Registry, web site, accessed August 19, 2010
4. State Cancer Profiles, web site, accessed August 19, 2010
5. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, web site, accessed August 19, 2010.
6. Centers for Disease Control and Prevention, Vital Signs, accessed July 23, 2010
7. Pignone M, Saha S, Hoerger T, Mandelblatt J. "Cost-effectiveness analyses of colorectal cancer screening: A systematic review for the U.S. Preventive Services Task Force." *Annals of Internal Medicine* 139:96-104 (2002).
8. Maciosek, MV, Solberg, Leif, et al. Colorectal cancer Screening Health Impact and Cost Effectiveness. *Am J Prev Med* 2006; 31 (1):80-89.