



Health Matters in Nevada: Colorectal Cancer

Colorectal Cancer in Nevada

Colorectal Cancer (CRC) is the fourth most commonly reported cancer in Nevada and the second leading cause of death behind lung cancer for men and women in both Nevada and the United States.ⁱ In 2015 there were 1,110 newly diagnosed cases and 470 deaths due to colorectal cancer in Nevada. Sixty of these deaths can be prevented if the recommended screening is done.

The Colorectal Cancer Control Program (CRCCP) is working to reduce disparities and to reduce overall colorectal cancer incidence and mortality by increasing CRC screening rates in Nevada by working with health systems to implement clinic and system wide priority interventions including:

- Provider Reminders
- Client Reminders
- Reduction of structural barriers
- Provider Assessment and Feedback

The Colorectal Cancer Control Program is housed in the Chronic Disease Prevention and Health Promotion Section (CDPHP) at the Bureau of Child, Family, and Community Wellness. The CRCCP Program is 100% federally funded by the Centers for Disease Control and Prevention (CDC). The operating budget for CRCCP is \$860,777.

The CRCCP has one FTE state employee serving as the Program Coordinator, plus a total 3.2 FTEs spread across an additional nine staff positions to provide support in multiple functions to CDPHP, i.e., Evaluator, Fiscal Manager, Administrative Assistant and Supervision.

How does Nevada compare to other states?

THE STATE OF IDAHO (ID) is similar to Nevada in federal funding for colorectal cancer. The Idaho Colorectal Cancer Control Prevention (CRCCP) resides in the newly created Cancer section within the Bureau of Community and Environmental Health. The Idaho CRCCP's total operating budget is \$480,638 funded through "Organized Approaches to Increase CRC Screening" CDC cooperative agreement. The program is staffed by 1.2 FTE including 1.0 FTE Health Program Specialist and a 0.2 Health Program Manager.ⁱⁱ

The priorities of the Idaho CRCCP include increasing overall screening and utilization of a fecal immunochemical test (FIT)/ fecal occult blood test (FOBT) kits. The Idaho CRCCP is currently implementing five priority evidence-based interventions (EBIs), including:

- Provider Reminders
- Patient Reminders
- Provider Assessment and Feedback
- Reduction of structural barriers
- FluFIT academic detailing (targeted/one-on-one provider outreach)

In addition to implementing the five EBIs mentioned previously, Idaho's CRCCP is working on academic detailing with health systems throughout the state via regional public health district coordinators and population-based awareness messaging via social media channels.

THE STATE OF COLORADO (CO) can be considered a gold star state in Colorectal Cancer Control efforts. The CRCCP in Colorado is housed at Colorado Department of Public Health and Environment in (CDPHE) the Prevention Services Division Healthy Promotion & Chronic Disease Prevention Branch Cancer Unit. Like Nevada, Colorado is one of the six grantees that have been awarded additional funds by CDC to provide direct colorectal cancer screening and follow-up services to people who meet specific criteria. CO CRCCP's total operating budget is \$730,000 per year. All funds are federal funds from CDC.

The Colorado CDPHE administers a competitive grants program funded by an increase in tobacco taxes initiated in 2006. These funds are generally awarded in 3 year cycles. For the FY16-18 cycle, The University of Colorado Cancer Center (UCCC) is currently a recipient of \$600,000 (per year) for the Colorado Colorectal Screening Program (CCSP)—mainly focused on patient navigation for CRC screening.ⁱⁱⁱ

CDPHE partners with clinics and organizations to assess adherence with preventive service recommendations, provide training, enhanced clinic policies and procedures, make recommendations based on clinic structure to implement EBIs, develop and implement action plans to implement EBIs, and reassess screening rates annually. Specific to Colorado's Colorectal Cancer Control Program, CDPHE has initiated work with 12 health systems, including 24 unique clinics—four of these twelve health systems are FQHCs.

CDPHE's implementation of EBIs is based on the National Colorectal Cancer Roundtable's Physician's Toolkit and Manual for Community Health Centers (CHCs). Colorado's CRCCP is currently implementing four priority EBIs:

- Provider Reminders
- Patient Reminders
- Provider Assessment and Feedback
- Reduction of structural barriers

ⁱ Nevada 2011 CRC incidence and mortality

ⁱⁱ Charlene Carious, Idaho's Comprehensive Cancer Control Health Program Manager

ⁱⁱⁱ Krystal D. Morwood, Colorado's Cancer Unit Supervisor

CDPHE has demonstrated success in significantly increasing colorectal cancer screening rates in eight health systems. These eight health systems represent 27 individual clinics. Upon combining the data for these 27 clinics, CDPHE has reported an average 12.8% increase in screening rates based upon baseline values.

Potential in Nevada

In 2015, the Nevada cancer control community, made up of local private citizens, community not-for-profit organizations and businesses, and local health authorities, came together to create the 2016-2020 Nevada State Cancer Plan^{iv}. This plan identifies community identified priorities, goals, and activities designed to alleviate the burden of cancer across Nevada. Promoting, increasing, and optimizing the appropriate use of high-quality cancer screening to decrease early detection of cancer among Nevadans was identified as a priority goal for cancer control in Nevada. The main goal identified for colorectal cancer is to decrease the percentage of late-stage colorectal cancer diagnoses from 59.6% to 56.6%.

Dedicating funding from the state for colorectal cancer prevention and control in Nevada would allow Nevada to provide greater education and access to screening programs and ultimately reduce the incidence and mortality caused by colorectal cancer.

State funding would further support CRCCP efforts to conduct a statewide campaign to educate Nevadans on the importance and relative ease of color cancer screening, disseminate provider toolkits to assist physicians in educating patients, promote and support team-based care, create and enhance electronic health record (EHR) and reminder-recall systems, and enhance access to screening and early detection throughout the state for low-income and other medically underserved populations. With the support of the state, Nevada's CRCCP could increase the proportion of adults aged 5-75 who have a colonoscopy/ sigmoidoscopy or a blood stool test from 61% to 80% and thus reduce the incidence of colorectal cancer in Nevada.

^{iv} Nevada State Cancer Plan,

[http://dph.nv.gov/Programs/CCCP/dta/Publications/ComprehensiveCancer - Publications/](http://dph.nv.gov/Programs/CCCP/dta/Publications/ComprehensiveCancer-Publications/)