Overall Goals: Decrease cancer mortality; Reduce cancer rate disparities of minorities

Local Public Health Activities
Form Local Community Health Coalitions
Write Local Comprehensive Cancer Plans
Implement Plans:
   Educate the population
   Screen those with low income and un- or under-insured
   Treat or “link” to treatment

Education
Statewide Number Educated about CRC—July 1, 2000 – June 30, 2013:
   • 813,122 people educated in brief, group, or individual sessions including
     750,200 general public, 57,848 health care professionals, and 5,074 trainers
   • 24 out of 24 jurisdictions provided CRC education in FY13

CRC Messages Targeted via Media and Resource Materials – July 1, 2000 – June 30, 2013:
>218 million people potentially reached through, e.g., TV, radio, and print media, etc.
Public Health Screening for CRC in CRFP

Screening by Minority Race/Ethnicity and Gender (includes some screened with FOBT who are not low income or uninsured), July 1, 2000 – June 30, 2013:

24,243 clients were screened for CRC by FOBT, sigmoidoscopy, colonoscopy, or double contrast barium enema

- 36% minority women
- 29% non-minority women
- 17% minority men
- 15% non-minority men
- 3% unknown

Results of 8,343 Fecal Occult Blood Tests (FOBT); includes many who are not low income or uninsured, July 1, 2000 – June 30, 2013:

Findings of 22,691 Colonoscopies (low income and uninsured or under-insured), July 1, 2000 – June 30, 2013 (categorized by most advanced finding):

Unplanned Events/Complications of Colonoscopy—July 1, 2000— June 30, 2013:

Among the colonoscopies, the following complications have been reported: 7 bowel perforations; 30 bleeding that required clinical visit or hospitalization; 18 bleeding that did not result in a doctor visit; 64 instances of abdominal/GI issues after the procedure (e.g., pain, discomfort, nausea, vomiting); 58 instances of cardiac-pulmonary symptoms such as arrhythmia, change in blood pressure, or fainting; and 30 other problems (e.g., drug reaction, combative, IV-related, infection, or bowel prep-associated problem).
Colorectal Cancer (CRC) Screening Status of Maryland Adults ≥ age 50 years

Population-Based Behavioral Risk Factor Surveillance System (BRFSS), 2012

Up-to-date (UTD) CRC screening is defined as respondents who reported having had a Fecal Occult Blood Test (FOBT) only in the last year, a sigmoidoscopy only in the last 5 years, a sigmoidoscopy in the last 5 years and an FOBT in the last year, or a colonoscopy in the last 10 years.

For the MCS reports, go to: http://phpa.dhmh.maryland.gov/SitePages/mcs.aspx
For the BRFSS, go to: http://www.marylandbrfss.org

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