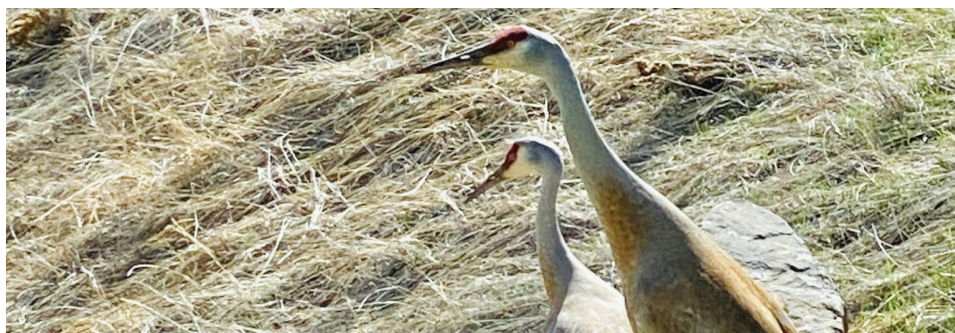


COLORECTAL CANCER SCREENING

In 2016, colorectal cancer was the second leading cause of cancer-related deaths in Michigan.¹ Fecal occult blood tests, sigmoidoscopy, and colonoscopy are screening procedures that are performed to detect colorectal cancer in the early stages. Appropriate colorectal cancer screening consists of a fecal occult blood test within the past year, a sigmoidoscopy within the past five years, or a colonoscopy within the past ten years. These questions were only asked of respondents over the age of 50.

- 70.5% of adults have ever had a colonoscopy or sigmoidoscopy.
- Only 24.6% of adults reported ever having a blood stool test.
- As age increased, the prevalence of undergoing colonoscopies increased.
- The prevalence of ever having a blood stool test increased with age.
- Women were more likely to have had both types of colorectal cancer screenings when compared to men.

DEMOGRAPHIC CHARACTERISTICS	EVER HAD BLOOD STOOL TEST		EVER HAD COLONOSCOPY OR SIGMOIDOSCOPY	
	%	95% CI	%	95% CI
TOTAL	24.6	(19.4-29.8)	70.5	(64.6-76.5)
AGE				
18 - 34	-	-	-	-
35 - 44	-	-	-	-
45 - 54	14.3	(6.0-22.7)	57.8	(44.0-71.6)
55 - 64	23.7	(16.2-31.1)	73.5	(65.0-82.1)
65+	35.3	(23.9-46.8)	81.3	(72.3-90.3)
GENDER				
Male	21.2	(14.3-28.2)	67.5	(58.6-76.4)
Female	27.8	(20.0-35.5)	73.4	(65.5-81.4)
HOUSEHOLD INCOME				
< \$20,000	22.6	(10.2-35.0)	66.5	(53.8-79.2)
\$20,000 to \$34,999	21.7	(12.3-31.1)	65.6	(52.7-78.6)
\$35,000 to \$49,999	32.3	(16.8-47.8)	77.5	(61.9-93.0)
\$50,000 to \$74,999	22.1	(9.2-35.1)	80.0	(63.8-96.2)
≥ \$75,000	37.9	(21.4-54.3)	79.0	(66.8-91.2)



In 2016, colorectal cancer was the second leading cause of cancer-related deaths in Michigan.² Fecal occult blood tests, sigmoidoscopy, and colonoscopy are screening procedures that are performed to detect colorectal cancer in the early stages. Appropriate colorectal cancer screening consists of a fecal occult blood test within the past year, a sigmoidoscopy within the past five years, or a colonoscopy within the past ten years.

RECOMMENDATIONS

³ Multicomponent interventions:

Combine Two or More Intervention Approaches:

Interventions to Increase Community Demand:

Client Reminders, Client Incentives, Small or Mass Media, Group or One-on-One Education

Interventions to Increase Community Access:

Reducing Structural Barriers such as assisting with appointment scheduling, Setting up alternative screening sites, Adding screening hours, Addressing transportation barriers, Offering child care, Reducing Client out of Pocket Costs

Interventions to Increase Provider Delivery of Screening Services:

Provider Assessment and Feedback, Provider Incentives, and Provider Reminders



71%

of Native American adults in Michigan
**have ever had a sigmoidoscopy or
colonoscopy (50+ years old).**



SOURCES:

¹ Michigan Department of Health and Human Services. 2018. 2016 Michigan Resident Death File. Division of Vital Records & Health Statistics.

² Michigan.gov Michigan Cancer Consortium <https://www.michigancancer.org/PDFs/ToolOfTheMonth/2019/TOTMCRC2019.pdf> (June 18, 2020).

³ Evidence Based Intervention Recommendations: The Community Services Task Force and the County Health Rankings & Roadmaps <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health> (June 23, 2020).

Data in Chart: The Inter-Tribal Council of Michigan's 2017 NaBRFS Report.