



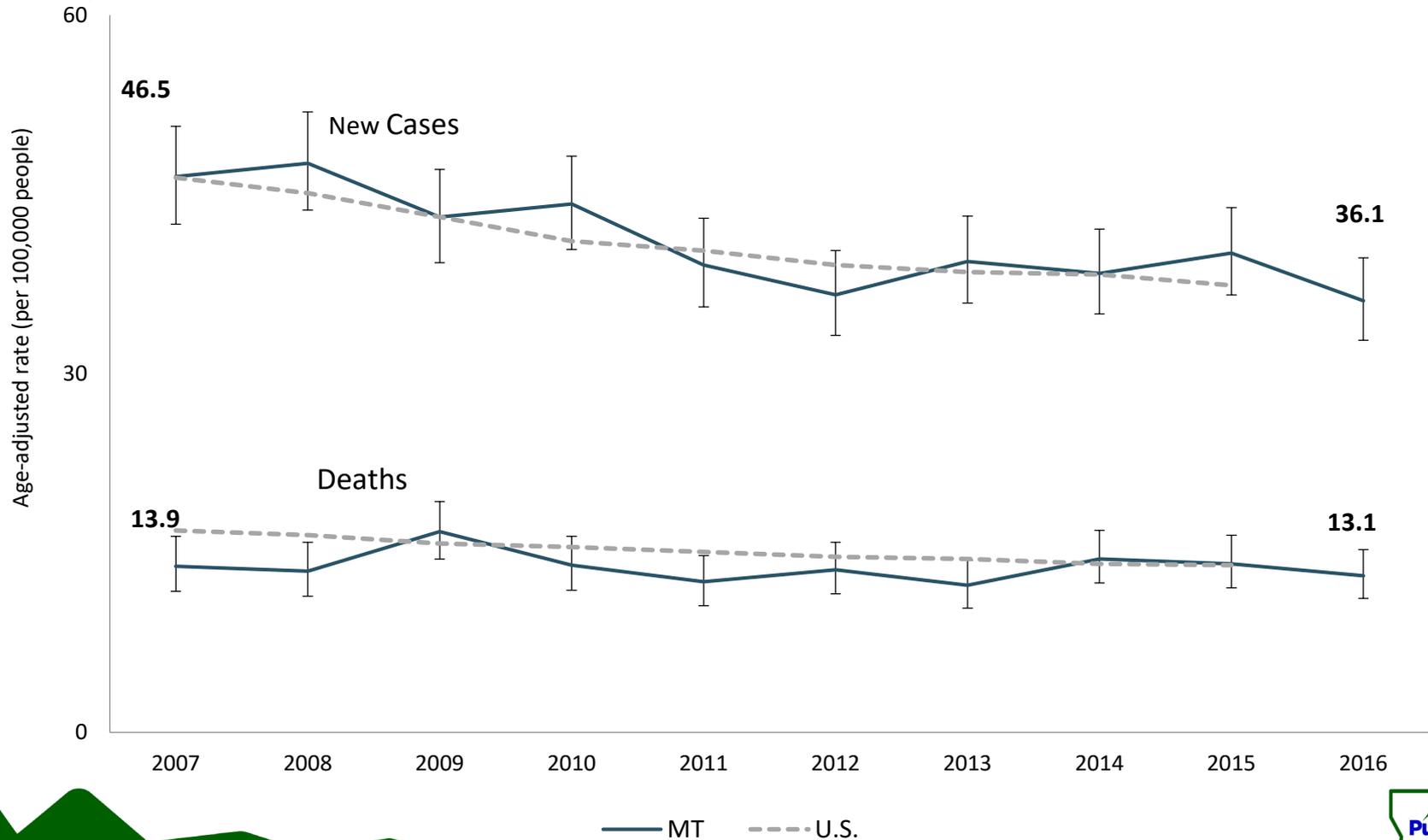
Colorectal Cancer Screening Trends in Montana

State Health Improvement Plan Workgroup

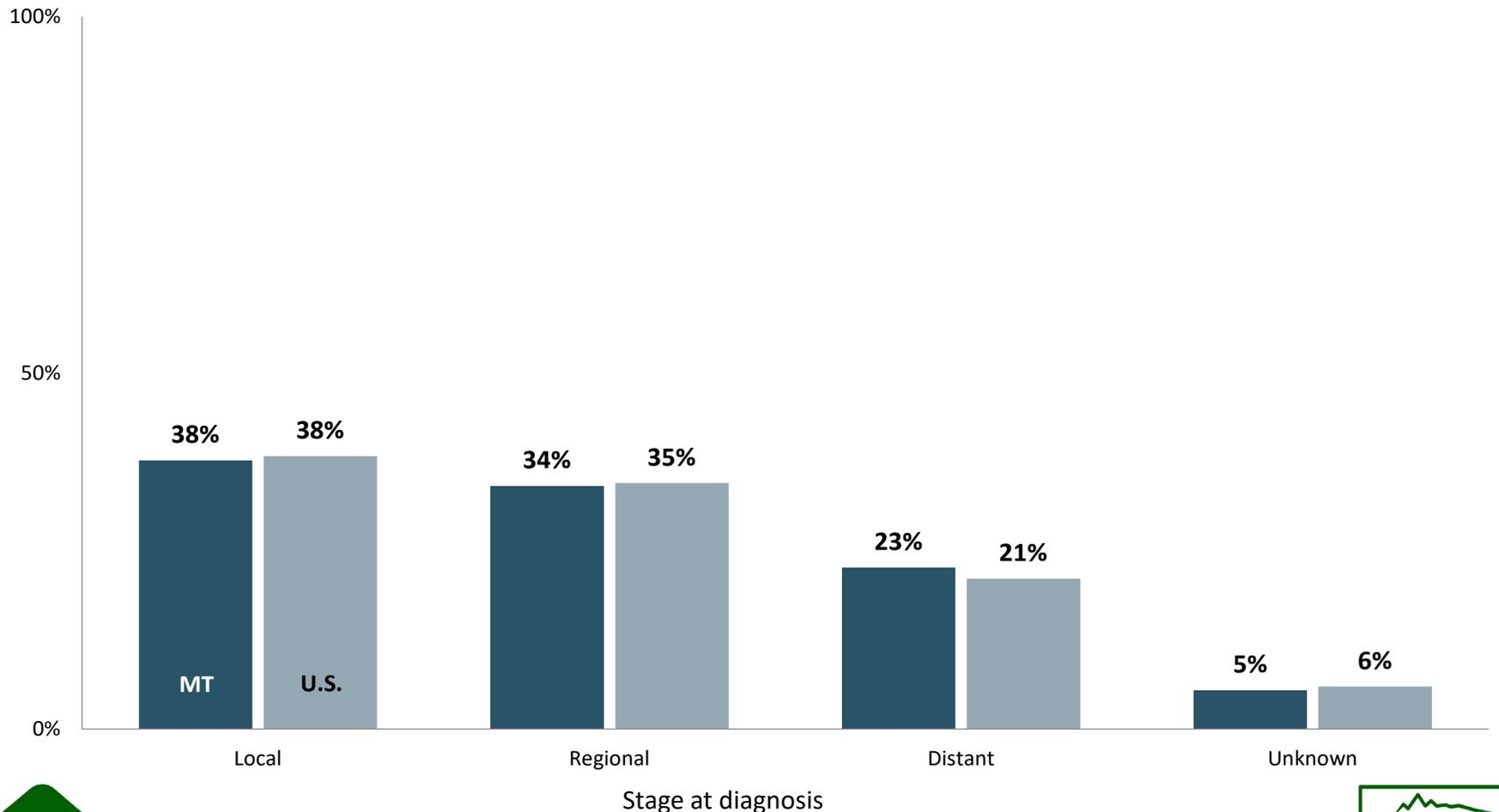
December 2019 Meeting

Heather Zimmerman

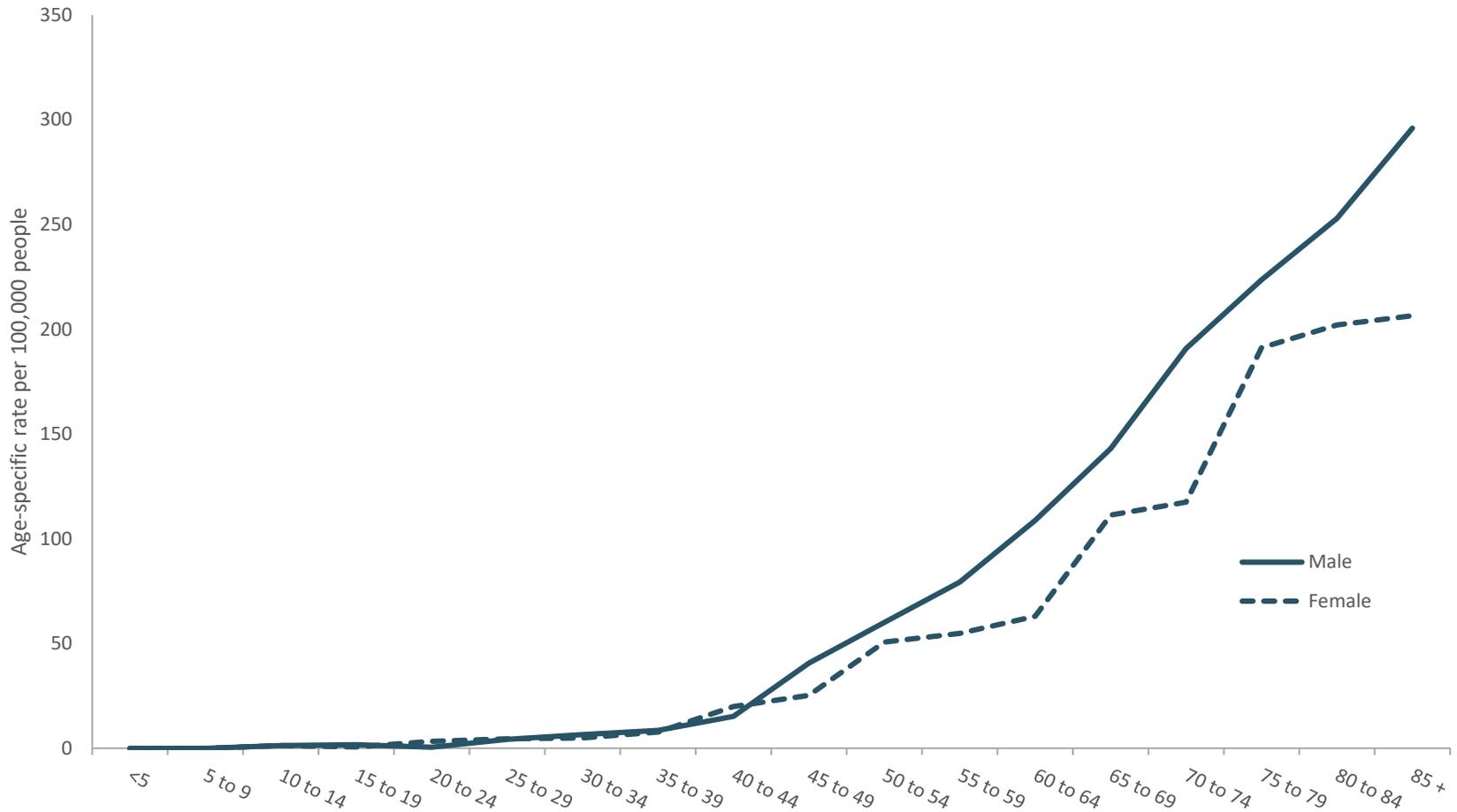
490 new cases and 180 deaths due to Colorectal Cancer in Montana each year



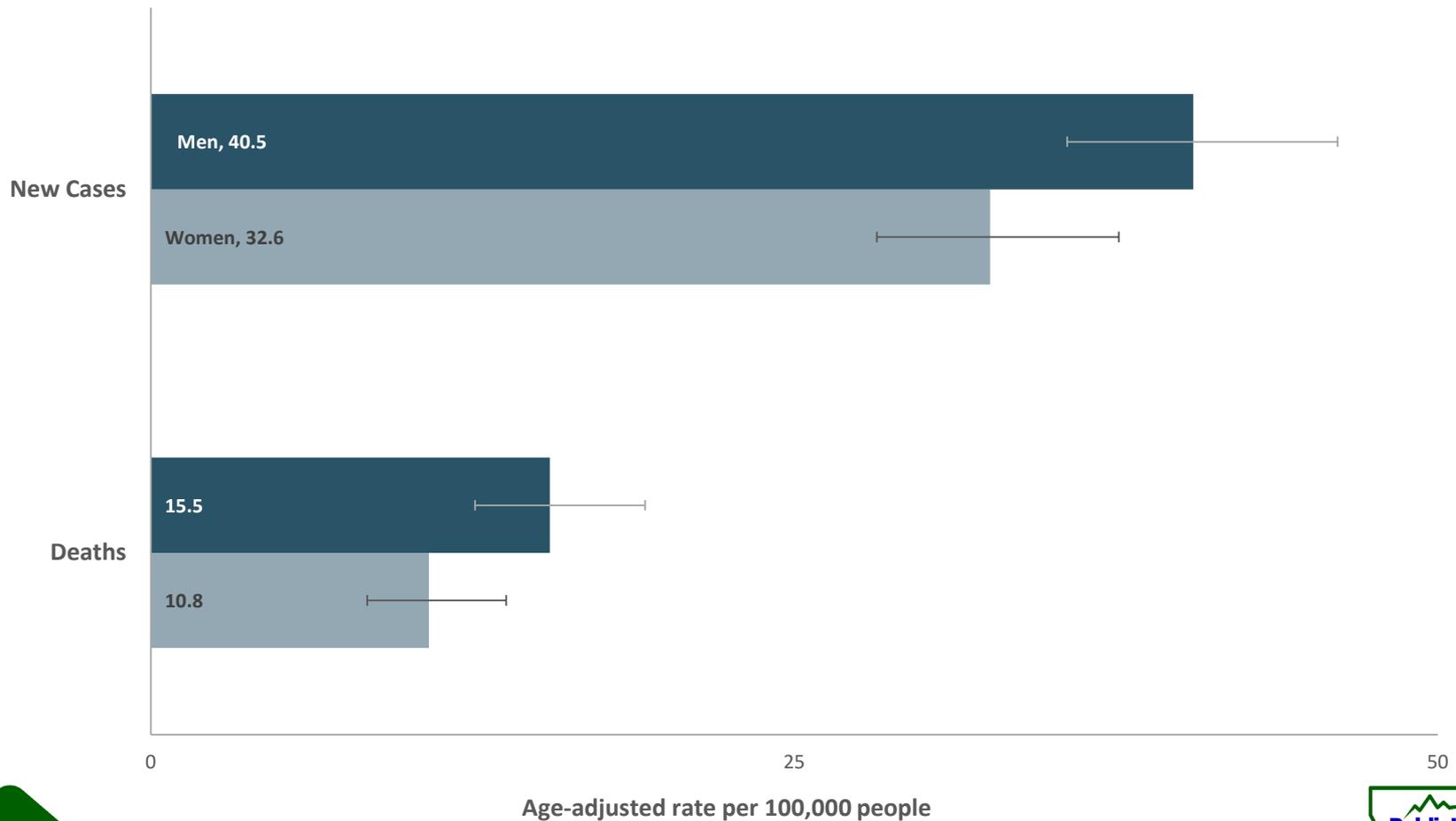
About 1/3rd of cases are diagnosed early



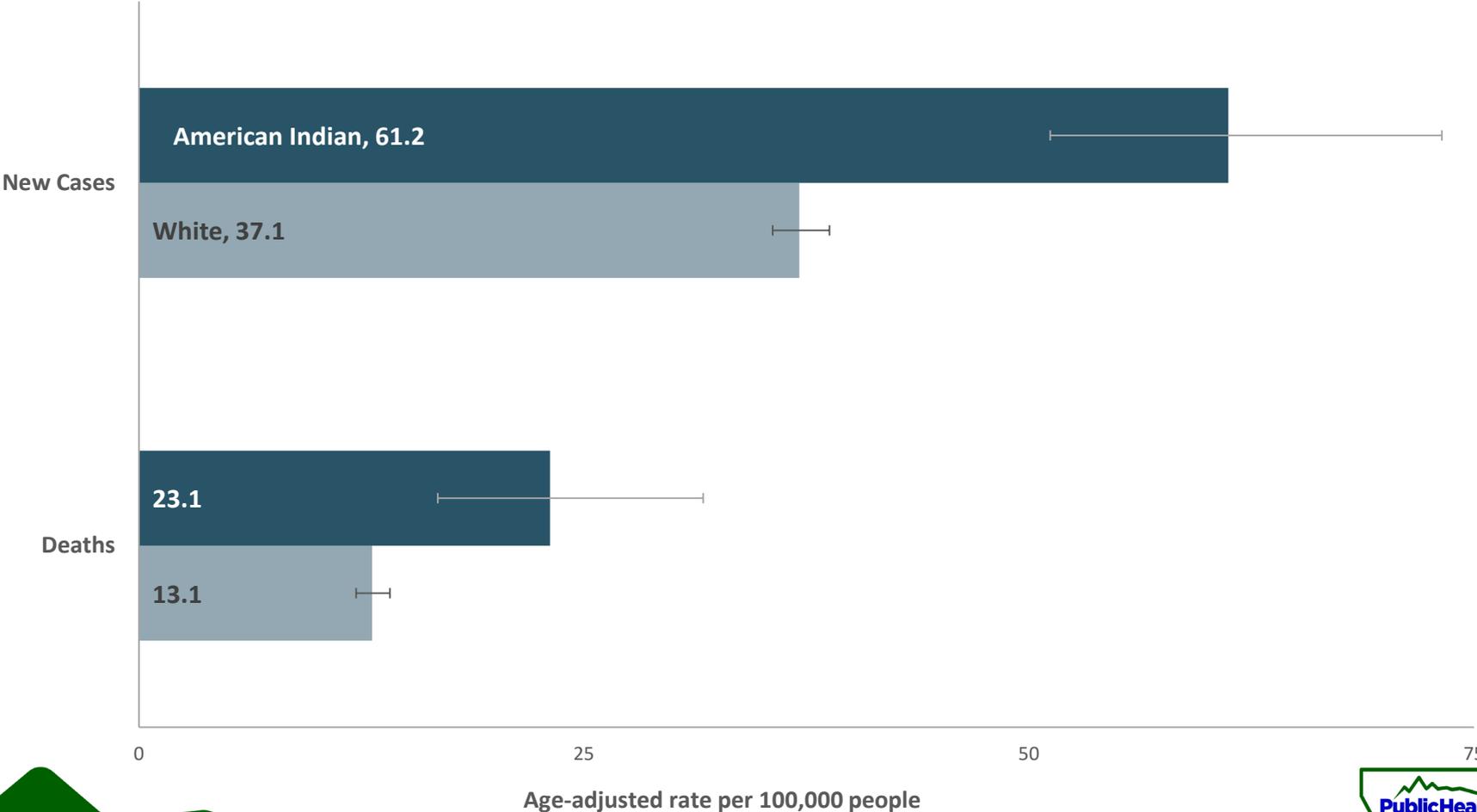
Incidence rates start to rise dramatically at age 40



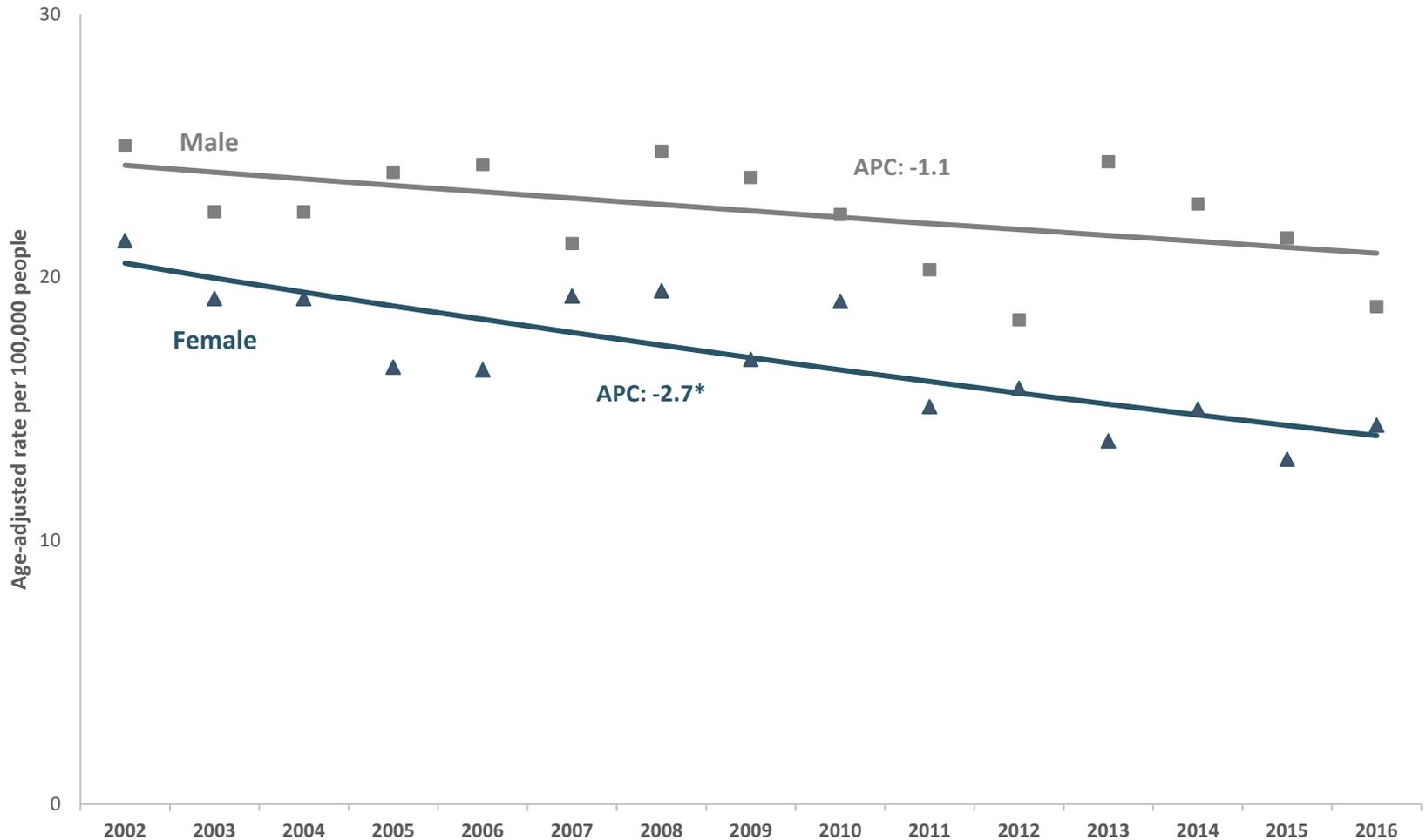
There is not a significant difference between men and women in CRC incidence and mortality rates



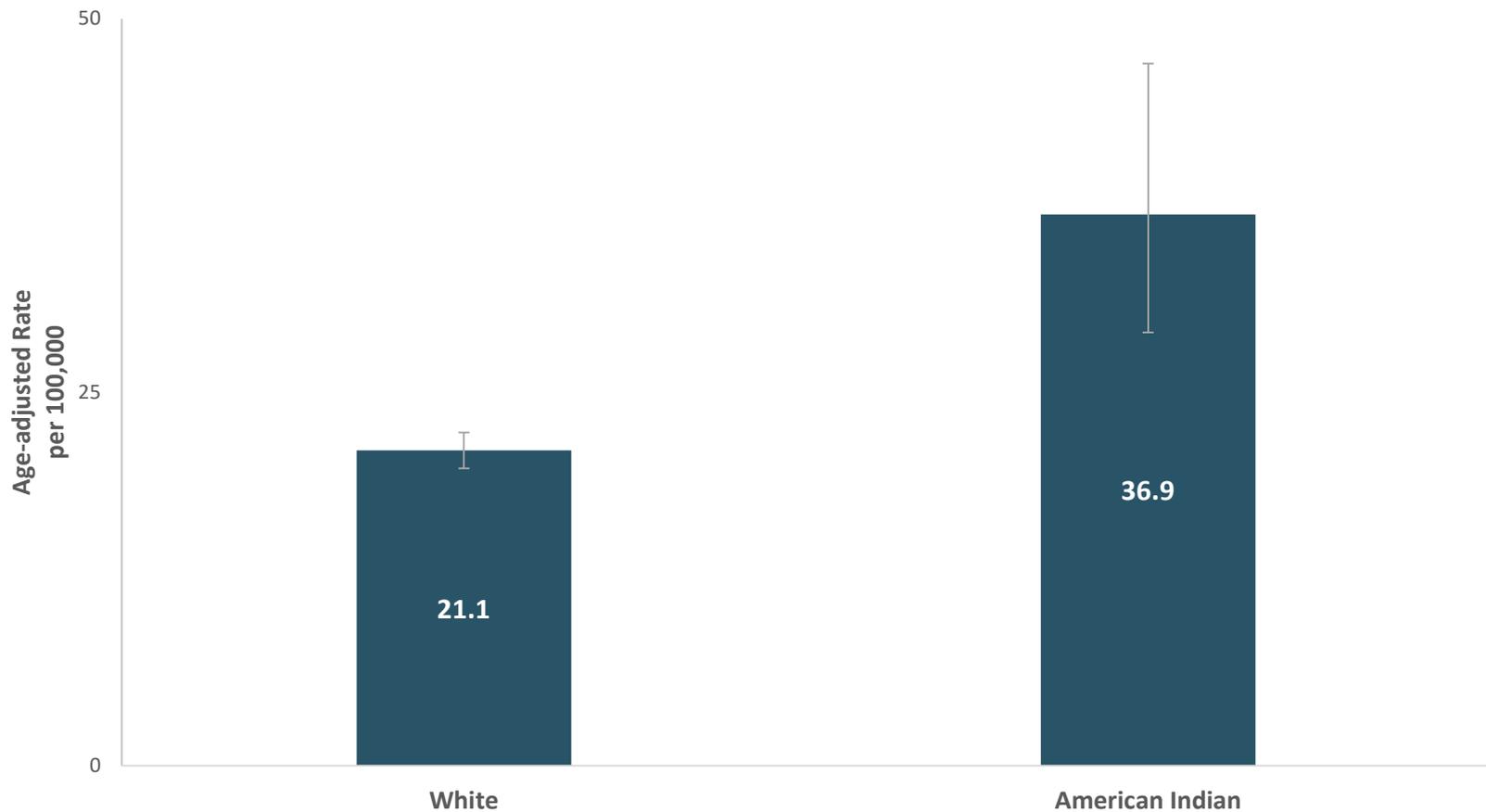
CRC incidence and mortality rates are significantly higher among American Indian Montanans



Men do have significantly higher incidence rates of late stage CRC



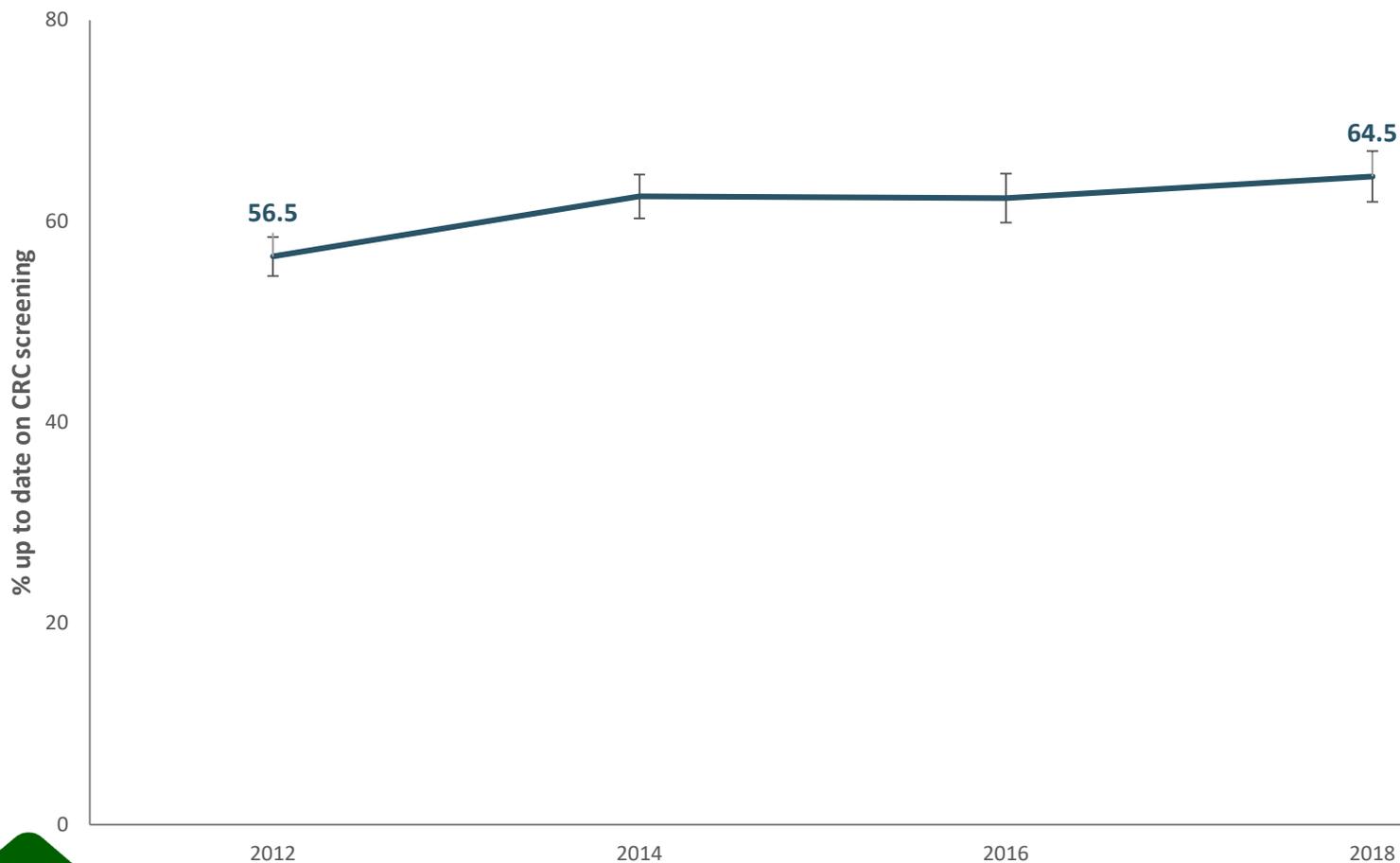
American Indian Montanans also have a significantly higher incidence of late stage CRC



United States Preventative Services Task Force CRC Screening Recommendations

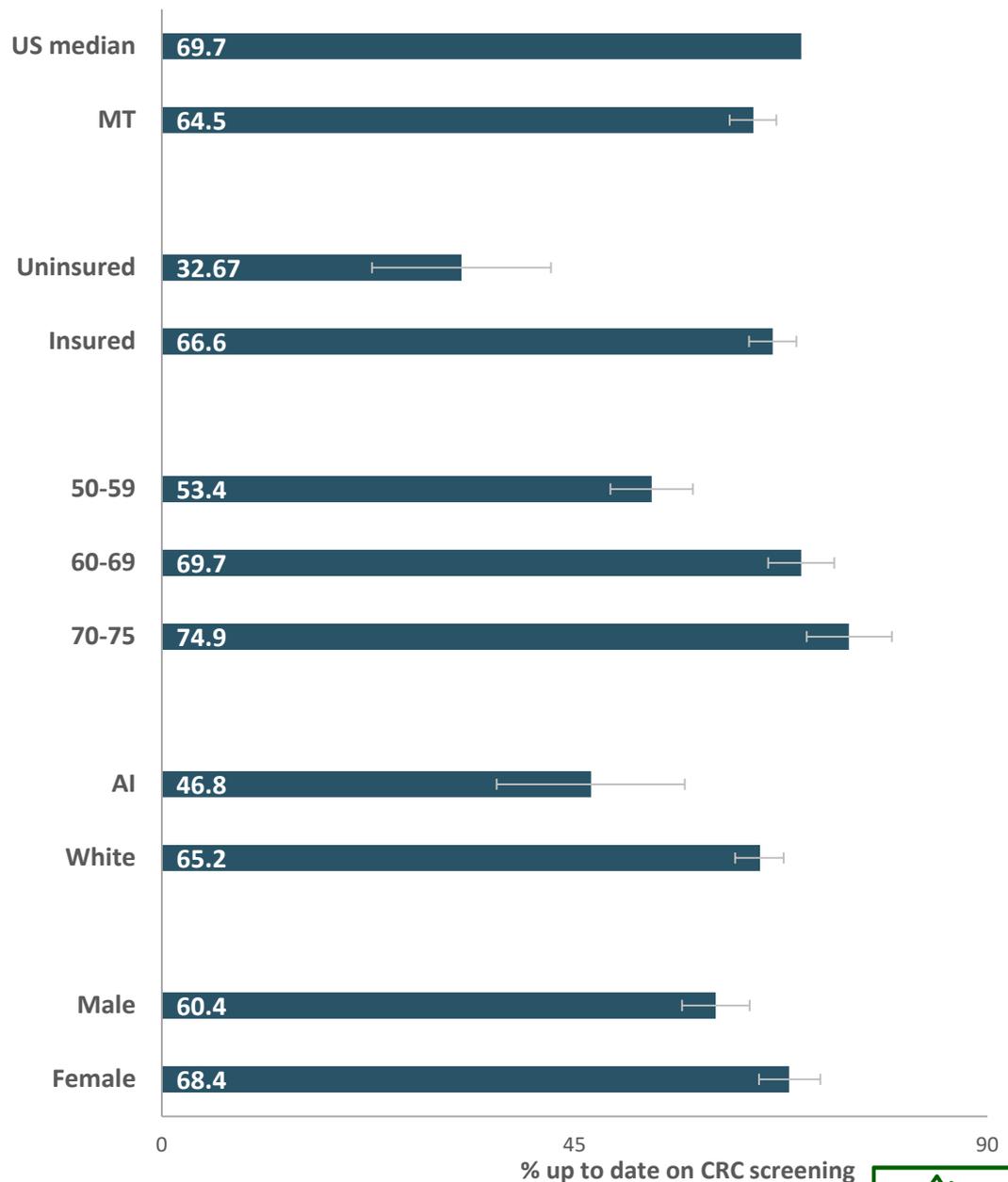
- Average risk adults aged 50 to 75 years should have:
 - Stool based tests every 1 – 3 years (depending on the test)
- OR
- Colonoscopy every 10 years
- OR
- Flexible Sigmoidoscopy every 5 years

Overall CRC screening rates in Montana have increased significantly since 2012



CRC Screening Rates are significantly lower for several groups

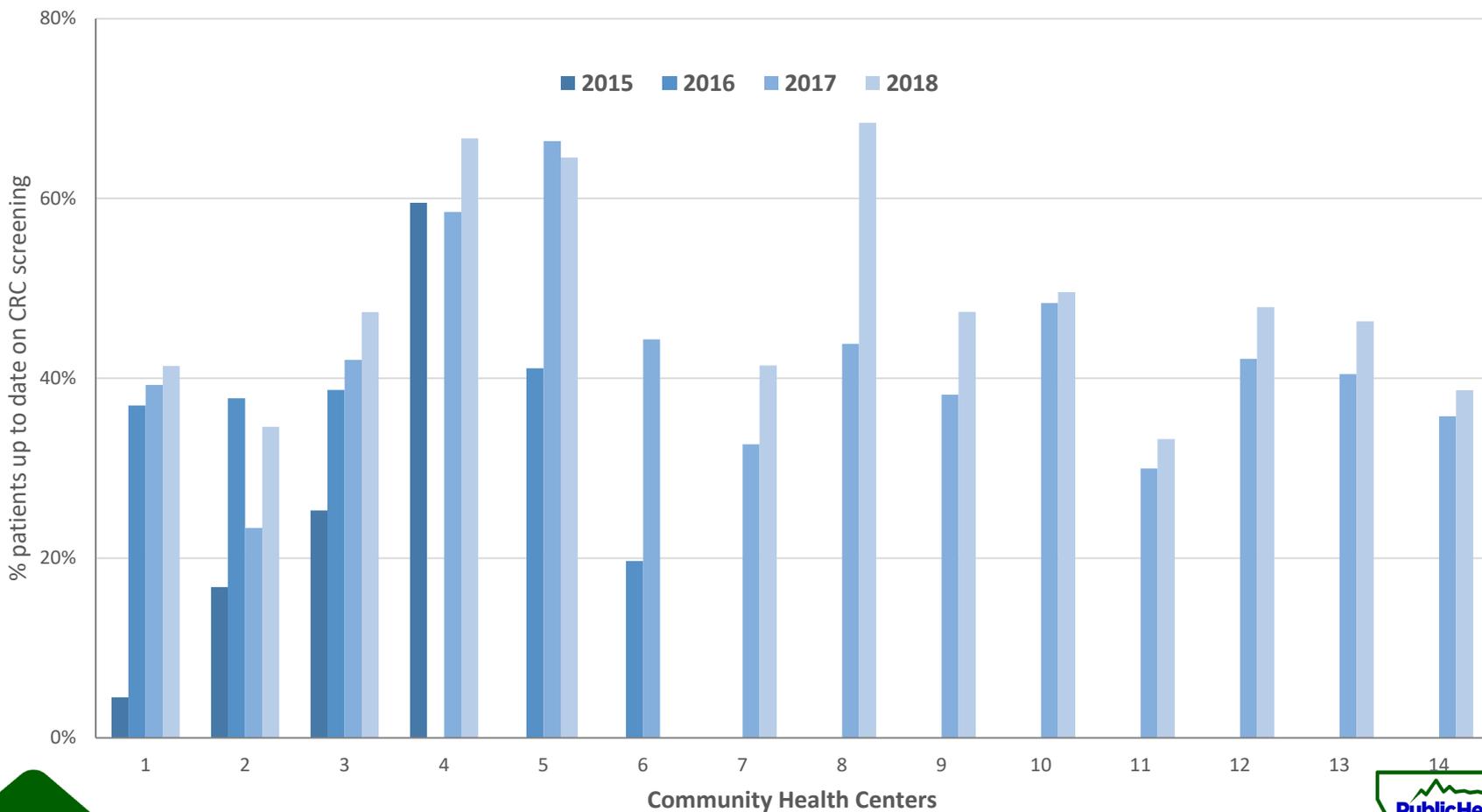
- Adults without health insurance
- Adults aged 50 to 59
- American Indian Adults
- Men



Montana Colorectal Cancer Control Program

- Focuses on improving CRC screening rates through quality improvement within health systems
- Contract with Montana Primary Care Association to work with all Community Health Centers in MT
 - Provider reminder systems
 - Patient reminder systems
 - Office work flow
 - Small media to increase patient awareness

CRC screenings rates increased for all Community Health Centers after implementing QI activities



Targeting American Indian Cancer Disparities

- Describing disparities to better target interventions to reduce them.
- [Reservation Factsheets & Annual Report](#)