2022 NCCRT Annual Meeting

WHAT DO THE DATA TELL US?
Purpose of This Session

Understand the current data and trends in four key data sets:

- **BRFSS** - Behavioral Risk Factor Surveillance System
- **NHIS** - National Health Interview Survey
- **HEDIS** - Healthcare Effectiveness Data and Information Set
- **UDS** - Uniform Data System
What Do the Data Tell Us?

Cecelia Brewington
MD, FACP
Vice Chair, Clinical Operations;
Chief of Community Radiology,
UT Southwestern Medical Center

Jessica Star
MA, MPH
Associate Scientist II,
Surveillance and Health Equity
Science, ACS

Amelia Khalil
Team Lead
Quality Recognition and
Health Promotion, HRSA

Lisa Richardson
MD, MPH
Director, Division of Cancer
Prevention and Control

Mary Barton
MD
Vice President, Performance
Measurement, NCQA
The NCCRT Data & Progress webpage provides up-to-date statistics on colorectal cancer screening, incidence, mortality, and geographic distribution information.
Behavioral Risk Factor Surveillance System

Wednesday, November 16, 2:00 PM
Behavioral Risk Factor Surveillance System (BRFSS) 2020 Data Update
Colorectal Cancer Deaths and Cases

Colorectal Cancer Cases and Deaths, All Ages, All Races/Ethnicities, Both Sexes, 1999-2019

Source: CDC Data visualization
2020 Behavioral Risk Factor Surveillance System (BRFSS) Colorectal Cancer Screening Overview

7 in 10 U.S. Adults Ages 50-75

- Up to Date with Colorectal Cancer Screening

- Includes FIT-DNA test and computed tomography (CT) colonography for first time
  - 64 million screened
  - 71.6% - Up to date with colorectal cancer screening (all test types)*
  - 19.9% Never Screened
  - 69.7% Up to date with colorectal cancer screening by previous year’s definition**

* including FIT-DNA, CT (virtual) colonography
** the percentage of adults aged 50 to 75 who were up-to-date with fecal immunochemical test (FIT), sigmoidoscopy, and colonoscopy in 2020

Source: Use of Colorectal Cancer Screening Tests | CDC
Reported Colorectal Cancer (CRC) Screening Test Use By Age and Race*
Reported Colorectal Cancer (CRC) Screening Test Use By Education and Income*

**Percent of CRC Screening Test Use by Education**

- College graduate: 76.5%
- Some college/Technical school: 73.6%
- High School/GED: 69.0%
- Less than high school: 64.4%

**Percent CRC Test Use by Income**

- ≥75,000: 76.4%
- 50,000-74,999: 73.6%
- 35,000-49,999: 70.5%
- 15,000-34,999: 67.1%
- <15,000: 66.7%

* Age standardized
Adults Never Screened for Colorectal Cancer

## Colorectal Cancer Screening Behaviors

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screened on Time by Any Test</td>
<td>71.6%</td>
</tr>
<tr>
<td>Screened but Not on Time by Any Test</td>
<td>8.6%</td>
</tr>
<tr>
<td>Never Screened by Any Test</td>
<td>19.9%</td>
</tr>
</tbody>
</table>
Demographic Characteristics for Never Screened by Any Test

18% 22%

Percentage Never Screened by Age

50-64 25.1
65-75 9.0

Never Screened by Race

White, non-Hispanic 18.3
Black, non-Hispanic 18.4
American Indian/Alaska... 23.8
Asian/Native Hawaiian... 28.8
Other race/Multi race... 22.8
Hispanic 26.7
Never Screened Health History

![Last Routine Check Up](chart)

- 73.9% never screened
- 69.9% 5 or more years ago
- 44.6% within past 5 years
- 28.4% within past 2 years
- 15.1% within past year

- Never
- 5 or more years ago
- Within past 5 years
- Within past 2 years
- Within past year
Never Screened Education Level

Education Level of Never Screened

- Did not graduate high school: 29.4%
- Graduated high school: 22.9%
- Attended college or technical school: 18.1%
- Graduated from college or technical school: 15.1%
Never Screened Perceived Health Status and Barriers

Self Reported General Health

- 20% Fair, Poor
- 19.8% Excellent, Very Good, Good

Perceived Health Barriers

- No personal doctor/health provider: 48.1%
- Couldn’t see a doctor within the past 12 months because of cost: 29.3%
- No health coverage: 46.2%
Questions
Thank you!

Go to the official federal source of cancer prevention information: www.cdc.gov/cancer
Thank You!
National Health Interview Survey

Wednesday, November 16, 2:00 PM
What Do the Data Tell Us About CRC Screening? The National Health Interview Survey.

National Colorectal Cancer Roundtable
November 2022
Jessica Star, MA, MPH
Surveillance and Health Equity Sciences
American Cancer Society
Trends in Breast*, Cervical†, and Colorectal‡ Cancer Screening (%), US, 2000-2018

National Health Interview Survey (Historical)

- In person, household survey among non-institutionalized adults
- Self-reported CRC screening data
  - Colonoscopy
  - Sigmoidoscopy
  - FIT/gFOBT (hereafter FIT)
  - CT Colonography (added in 2010)
  - sDNA/Cologuard (added in 2018)
- 2019: Change in survey design, CRC screening questions, and rotation
- 2021: CRC screening data are collected, mix of in-person/ telephone
Changes in Overall Age Adjusted UTD CRC Screening Prevalence between 2019 and 2021—Aged 45+
Changes in Age Adjusted UTD CRC Screening Prevalence between 2019 and 2021 by Education – Aged 45+

- Less than high school: 43% (2019) to 48% (2021)
- High school diploma: 54% (2019) to 55% (2021)
- Some college: 60% (2019) to 61% (2021)
- College graduate: 65% (2019) to 64% (2021)
Changes in Age Adjusted UTD CRC Screening Prevalence between 2019 and 2021 by Insurance and Age

**Age 45-64**
- Uninsured: 23 (2019), 21 (2021)
- Private: 50 (2019), 52 (2021)

**Age 65+ Medicare**
- 2019: 73
- 2021: 75
Changes in Age Adjusted UTD CRC Screening Prevalence between 2019 and 2021 by Race – Aged 45+

<table>
<thead>
<tr>
<th>Race</th>
<th>2019</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>47</td>
<td>52</td>
</tr>
<tr>
<td>White only</td>
<td>60</td>
<td>61</td>
</tr>
<tr>
<td>Black only</td>
<td>59</td>
<td>61</td>
</tr>
<tr>
<td>Asian only</td>
<td>45</td>
<td>50</td>
</tr>
<tr>
<td>AIAN only or multiple</td>
<td>52</td>
<td>52</td>
</tr>
</tbody>
</table>
Changes in Age Adjusted UTD CRC Screening Prevalence between 2019 and 2021 by Sex – Aged 45+

- Female: 58 (2019) to 60 (2021)
Percentage of doctor visit in the past 12 months for adults aged 45+

- Yes: 91% in 2019, 89% in 2021
- No: 9% in 2019, 11% in 2021
### Table 2. Unadjusted and Adjusted Prevalence and PRs of Recent Cancer Screening According to Year, Behavioral Risk Factor Surveillance System 2014, 2016, 2018, and 2020

<table>
<thead>
<tr>
<th>Prevalence type</th>
<th>2014</th>
<th>2016</th>
<th>2018</th>
<th>2020</th>
<th>PR (95% CI) 2016 vs 2014</th>
<th>PR (95% CI) 2018 vs 2016</th>
<th>PR (95% CI) 2020 vs 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>62.0</td>
<td>61.7</td>
<td>61.6</td>
<td>57.8</td>
<td>1.00 (0.98-1.01)</td>
<td>1.00 (0.98-1.01)</td>
<td>0.94 (0.92-0.96)</td>
</tr>
<tr>
<td>Cervical</td>
<td>53.8</td>
<td>58.5</td>
<td>58.3</td>
<td>51.9</td>
<td>1.09 (1.07-1.10)</td>
<td>1.00 (0.98-1.01)</td>
<td>0.89 (0.87-0.91)</td>
</tr>
<tr>
<td>Any CRC testing</td>
<td>23.7</td>
<td>24.9</td>
<td>25.7</td>
<td>25.9</td>
<td>1.05 (1.03-1.07)</td>
<td>1.03 (1.01-1.05)</td>
<td>1.01 (0.98-1.04)</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>15.4</td>
<td>15.8</td>
<td>15.6</td>
<td>13.2</td>
<td>1.03 (1.00-1.06)</td>
<td>0.99 (0.96-1.01)</td>
<td>0.85 (0.82-0.88)</td>
</tr>
<tr>
<td>Stool testing</td>
<td>9.9</td>
<td>10.6</td>
<td>11.5</td>
<td>12.3</td>
<td>1.07 (1.03-1.11)</td>
<td>1.08 (1.04-1.13)</td>
<td>1.07 (1.03-1.12)</td>
</tr>
</tbody>
</table>

**Adjusted**

<table>
<thead>
<tr>
<th>Prevalence type</th>
<th>2014</th>
<th>2016</th>
<th>2018</th>
<th>2020</th>
<th>PR (95% CI) 2016 vs 2014</th>
<th>PR (95% CI) 2018 vs 2016</th>
<th>PR (95% CI) 2020 vs 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>62.3</td>
<td>61.8</td>
<td>61.5</td>
<td>57.5</td>
<td>0.99 (0.98-1.00)</td>
<td>0.99 (0.98-1.01)</td>
<td>0.94 (0.92-0.95)</td>
</tr>
<tr>
<td>Cervical</td>
<td>53.9</td>
<td>58.4</td>
<td>58.3</td>
<td>51.9</td>
<td>1.08 (1.07-1.10)</td>
<td>1.00 (0.98-1.02)</td>
<td>0.89 (0.87-0.91)</td>
</tr>
<tr>
<td>Any CRC testing</td>
<td>24.1</td>
<td>25.0</td>
<td>25.5</td>
<td>25.6</td>
<td>1.03 (1.01-1.06)</td>
<td>1.02 (1.00-1.05)</td>
<td>1.00 (0.98-1.03)</td>
</tr>
<tr>
<td>Colonoscopy</td>
<td>15.4</td>
<td>15.9</td>
<td>15.6</td>
<td>13.2</td>
<td>1.03 (1.00-1.06)</td>
<td>0.98 (0.95-1.01)</td>
<td>0.84 (0.82-0.87)</td>
</tr>
<tr>
<td>Stool testing</td>
<td>10.2</td>
<td>10.6</td>
<td>11.4</td>
<td>12.1</td>
<td>1.04 (1.00-1.08)</td>
<td>1.07 (1.03-1.11)</td>
<td>1.07 (1.02-1.12)</td>
</tr>
</tbody>
</table>

Abbreviations: CRC, colorectal cancer; PR, prevalence ratio.

*a Models were adjusted for age, sex (CRC screening), state, and education.
Conclusions

• COVID-19 pandemic influence
• Increase in FOBT/FIT screening mitigated declines in colonoscopy
• Benefits of universal health coverage
• Less than high school, Hispanic, and Asian persons experienced increases in UTD colorectal cancer screening in 2021
• Uninsured persons had declines in UTD colorectal cancer screening rates in 2021
Thank You!

Acknowledgements:
• Ahmedin Jemal
• Surveillance and Health Equity Science Team
• American Cancer Society
Thank You!
Healthcare Effectiveness Data

Wednesday, November 16, 2:00 PM
Colorectal Cancer Screening
HEDIS® Measure

Mary Barton, MD MPP
Vice President, Performance Measurement
National Committee for Quality Assurance

National Colorectal Cancer Roundtable
November 2022
~200 million people in HEDIS-reporting health plans
Colorectal Cancer Screening Measure

Adults age 50–75 years (enrolled for two years)
Screened for colorectal cancer by any of the following:

- Fecal occult blood test/fecal immunochemical test during the year
- Flexible sigmoidoscopy in the last 5 years
- Colonoscopy in the last 10 years
- Computed tomography colonography in the last 5 years
- FIT-DNA in the last 3 years

Exclusions: frailty and advanced illness, colorectal cancer, total colectomy
Overview

What do the data tell us?

Commercial plans still not moving fast

Medicare appears to have paused

COVID
Average National Performance, Measurement Year 2010–2018

Average National Performance for COL
MY 2010 to 2021

ProductLine
- Commercial
- Medicare

Vertical dotted line indicates Trend Caution (2015, 2107 [Medicare], 2018, 2020)
Dot-Dash line indicates Trend Break (2016)

*Trending caution: added required exclusion to the Medicare product line for members 65 years of age and older living long-term in institutional settings.
Box and Whisker Plot Key

- **Median (50th percentile)**
- **Mean (average)**
- **Interquartile range** (25th percentile to 75th percentile)
- **Minimum***
- **Maximum***

*These values include outlier plans with particularly high or low performance.
Commercial Health Plans

Rate Distribution for Commercial Health Plans

COL, MY 2017 to 2021

Measurement Year

Performance Rate

Trend Cautions in 2018 & 2020
Medicare Health Plans

Rate Distribution for Medicare Health Plans
COL, MY 2017 to 2021

Measurement Year

Performance Rate

Trend Cautions in 2018 & 2020
Medicare data withheld in 2019 due to COVID
Number of Commercial Plans Over 80%

Count of Commercial Plans Over 80%
COL, MY 2017 to 2021

Measurement Year

- 2017: 8
- 2018: 10
- 2019: 11
- 2020: 6
- 2021: 3

Trend Cautions in 2018 & 2020
Number of Medicare Plans Over 80%

Count of Medicare Plans Over 80%
COL, MY 2017 to 2021

Measurement Year

2017 2018 2019 2020 2021

Count

78 105 114 110

Trend Cautions in 2018 & 2020
Medicare data withheld in 2019 due to COVID
Get in touch

Mary Barton, MD, MPP
barton@ncqa.org
Thank You!
2021 UDS Update: Colorectal Cancer Screening

November 16, 2022

Amelia Khalil, MA
Quality, Office of Quality Improvement
Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People
Agenda

• UDS 2021 highlights
• Colorectal Cancer (CRC) screening in 2021
• Colorectal Cancer (CRC) in previous years
• What’s next
HRSA Health Center Program Data
Highlights in 2021
Health Center Program Fundamentals

Serve High Need Areas
- Must serve a high need community or population (e.g., HPSA, MUA/P)

Comprehensive
- Provide comprehensive primary care and enabling services (e.g., education, outreach, and transportation services)

Collaborative
- Collaborate with other community providers to maximize resources and efficiencies in service delivery

Patient Directed
- Private non-profit or public agency that is governed by a patient-majority community board

No One is Turned Away
- Services are available to all, with fees adjusted based upon ability to pay

Accountable
- Meet performance and accountability requirements regarding administrative, clinical, and financial operations

The Health Center Program is authorized under Section 330 of the Public Health Service (PHS) Act.
For 57 years, health centers have worked to reduce health inequities by increasing access to affordable and high-quality primary health care for millions of people.

**Expanding Access**
- +6% total patients
- +9% total patient visits
- +6% patients seeking mental health services
- +7% workforce staff
- +5% health center sites
- 99% of health centers provided telehealth services

**Advancing Equitable Care Delivery**
- 63% patients identified as racial/ethnic minority
- 90% patients had incomes ≤200% Federal Poverty Guidelines
- 74% of health centers screened patients for social risk factors

**Improving Clinical Quality**
- 13 of 18 of clinical quality measures improved
- 90% of health centers improved at least 6 of 18 clinical quality measures
- 45% of health centers have met or exceeded the Healthy People 2030 hypertension target

Note: 1,373 health centers reported UDS 2021.
In 2021, HRSA-funded health centers provided comprehensive primary care to a record **30.2 million patients, a 43% increase over the past 10 years.**

- **2012**
  - 21.1 million patients
  - 1,198 health centers
  - Over 8,900 delivery sites

- **2021**
  - 30.2 million patients
  - 1,373 health centers
  - Over 14,000 delivery sites

Source: Uniform Data System, 2012, 2021 - Table 3B

1EHBs UDS Rollup Report, 2012 and 2021
Advancing Health Equity

Health centers provide affordable, high-quality primary health care to more than 30 MILLION people in the U.S. each year. That includes:

- 1 in 9 children & adolescents
- 1 in 5 rural residents
- 1 in 3 living in poverty
- 63% identify as racial and/or ethnic minorities

Source: Uniform Data System, 2021 - Table 3A, Table 3B, Table 4, Table 6A

*Poverty defined as having income ≤100% Federal Poverty Guidelines
Colorectal Cancer Screening in 2021
Patients: 2021 UDS Colorectal Cancer Screening Rates

Served: over 6.3 million patients

Screened: 2.6 million

eCQM: CMS130v6 Ages 50-75

Source: Uniform Data System, 2021
Impact: 2021 UDS Colorectal Cancer Screening Rates

42%

Source: Uniform Data System, 2021
UDS 2021: Colorectal Cancer Screening (42%)
Frequency distribution of health centers by screening percentage

<table>
<thead>
<tr>
<th>CRC Screening Percentage</th>
<th># of Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>[0%, 10%)</td>
<td>58</td>
</tr>
<tr>
<td>(10%, 20%)</td>
<td>104</td>
</tr>
<tr>
<td>(20%, 30%)</td>
<td>213</td>
</tr>
<tr>
<td>(30%, 40%)</td>
<td>285</td>
</tr>
<tr>
<td>(40%, 50%)</td>
<td>315</td>
</tr>
<tr>
<td>(50%, 60%)</td>
<td>244</td>
</tr>
<tr>
<td>(60%, 70%)</td>
<td>102</td>
</tr>
<tr>
<td>(70%, 80%)</td>
<td>32</td>
</tr>
<tr>
<td>(80%, 90%)</td>
<td>18</td>
</tr>
<tr>
<td>(90%, 100%)</td>
<td>2</td>
</tr>
</tbody>
</table>
2021 UDS Colorectal Cancer eCQM: CMS130v6
By PCMH status (Health Center Program only)

Source: Uniform Data System, 2020
2021 UDS Colorectal Cancer eCQM: CMS130v6: Urban vs Rural (Health Center Program only)

Source: Uniform Data System, 2021
Colorectal Cancer Screening Trends
UDS Colorectal Cancer Screening Rates

Source: Uniform Data System 2021
UDS Colorectal Cancer: Number of Patients screened

Source: Uniform Data System 2021
What’s Next
FY2022 Accelerating Cancer Screening (AxCS) Award Summary

- **Total Funding:** $5.4 million
- **Number of Awards:** 11
- **Max per Award:** Up to $500,000 (to spend over 2 years)
- **Project Period:** September 1, 2022 – August 31, 2024
- **New Grant Number:** H8I
AxCS Awardees by State and Region

AxCS list of awardees: https://bphc.hrsa.gov/funding/funding-opportunities/accelerating-cancer-screening
<table>
<thead>
<tr>
<th>HRSA Health Center</th>
<th>State</th>
<th>Breast Cancer</th>
<th>Cervical Cancer</th>
<th>Colorectal Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinatown Service Center</td>
<td>CA</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Family Health Centers Of San Diego, Inc.</td>
<td>CA</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Neighborhood Healthcare</td>
<td>CA</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Ampla Health</td>
<td>CA</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Community Health Centers Of Pinellas, Inc.</td>
<td>FL</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Community Health Centers Of Southeast Kansas, Inc.</td>
<td>KS</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Stigler Health &amp; Wellness Center Inc.</td>
<td>OK</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Matthew Walker Health Center</td>
<td>TN</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Su Clinica Familiar</td>
<td>TX</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Blue Ridge Medical Center Inc.</td>
<td>VA</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Central Virginia Health Services, Inc.</td>
<td>VA</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
</tbody>
</table>
UDS Reporting Resources

2022 UDS Program Assistance Letter (PAL)

2022 UDS Manual
2022 UDS Reporting Period Jan. 1 – Feb. 15, 2023

2022 UDS+ FHIR Implementation Guide & UDS+ File Instructions

2023 UDS PAL (Summer 2022 release)
2023 UDS Manual (Spring 2023 release)
2023 UDS Reporting Period Jan. 1 – Feb. 15, 2024

UDS Training and Technical Assistance Microsite – Technical Assistance Contacts
Amelia Khalil, MA
Team Lead, Office of Quality Improvement (OQI)
Bureau of Primary Health Care (BPHC)
Health Resources and Services Administration (HRSA)

akhalil@hrsa.gov
(301) 443-0527

Sign up for the Primary Health Care Digest
Connect with HRSA

Learn more about our agency at:

www.HRSA.gov

Sign up for the HRSA eNews

FOLLOW US:
Appendix: Data Table: UDS Colorectal Cancer: Number of patients screened

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of patients screened in millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>2.27</td>
</tr>
<tr>
<td>2018</td>
<td>2.49</td>
</tr>
<tr>
<td>2019</td>
<td>2.74</td>
</tr>
<tr>
<td>2020</td>
<td>2.45</td>
</tr>
<tr>
<td>2021</td>
<td>2.68</td>
</tr>
</tbody>
</table>
Appendix: Data Table: UDS Colorectal Cancer Screening Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>CRC screening percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>42.02%</td>
</tr>
<tr>
<td>2018</td>
<td>44.11%</td>
</tr>
<tr>
<td>2019</td>
<td>45.56%</td>
</tr>
<tr>
<td>2020</td>
<td>40.09%</td>
</tr>
<tr>
<td>2021</td>
<td>41.93%</td>
</tr>
</tbody>
</table>
Appendix: Data Table: Frequency distribution of health centers by screening percentage

<table>
<thead>
<tr>
<th>Screening percentage range</th>
<th>Number of health centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>58</td>
</tr>
<tr>
<td>10-20</td>
<td>104</td>
</tr>
<tr>
<td>20-30</td>
<td>213</td>
</tr>
<tr>
<td>30-40</td>
<td>285</td>
</tr>
<tr>
<td>40-50</td>
<td>315</td>
</tr>
<tr>
<td>50-60</td>
<td>244</td>
</tr>
<tr>
<td>60-70</td>
<td>102</td>
</tr>
<tr>
<td>70-80</td>
<td>32</td>
</tr>
<tr>
<td>80-90</td>
<td>18</td>
</tr>
<tr>
<td>90-100</td>
<td>02</td>
</tr>
</tbody>
</table>
## Appendix: Data Table: UDS 2021: Colorectal Cancer Screening (42%)

<table>
<thead>
<tr>
<th>State Abbreviation</th>
<th>CRC Screening rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>PW</td>
<td>0%</td>
</tr>
<tr>
<td>MH</td>
<td>1%</td>
</tr>
<tr>
<td>AS</td>
<td>10%</td>
</tr>
<tr>
<td>GU</td>
<td>17%</td>
</tr>
<tr>
<td>FM</td>
<td>20%</td>
</tr>
<tr>
<td>NV</td>
<td>27%</td>
</tr>
<tr>
<td>UT</td>
<td>29%</td>
</tr>
<tr>
<td>OK</td>
<td>31%</td>
</tr>
<tr>
<td>GA</td>
<td>31%</td>
</tr>
<tr>
<td>VI</td>
<td>31%</td>
</tr>
<tr>
<td>AL</td>
<td>35%</td>
</tr>
<tr>
<td>MP</td>
<td>35%</td>
</tr>
<tr>
<td>MO</td>
<td>35%</td>
</tr>
<tr>
<td>TN</td>
<td>35%</td>
</tr>
<tr>
<td>NC</td>
<td>36%</td>
</tr>
<tr>
<td>TX</td>
<td>36%</td>
</tr>
<tr>
<td>MS</td>
<td>36%</td>
</tr>
<tr>
<td>KS</td>
<td>36%</td>
</tr>
<tr>
<td>NJ</td>
<td>37%</td>
</tr>
<tr>
<td>WY</td>
<td>37%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State Abbreviation</th>
<th>CRC Screening rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>FL</td>
<td>39%</td>
</tr>
<tr>
<td>MN</td>
<td>40%</td>
</tr>
<tr>
<td>AZ</td>
<td>40%</td>
</tr>
<tr>
<td>CA</td>
<td>40%</td>
</tr>
<tr>
<td>AR</td>
<td>40%</td>
</tr>
<tr>
<td>LA</td>
<td>40%</td>
</tr>
<tr>
<td>HI</td>
<td>41%</td>
</tr>
<tr>
<td>CO</td>
<td>41%</td>
</tr>
<tr>
<td>MD</td>
<td>41%</td>
</tr>
<tr>
<td>IN</td>
<td>42%</td>
</tr>
<tr>
<td>IL</td>
<td>42%</td>
</tr>
<tr>
<td>NE</td>
<td>43%</td>
</tr>
<tr>
<td>WA</td>
<td>43%</td>
</tr>
<tr>
<td>PA</td>
<td>43%</td>
</tr>
<tr>
<td>NM</td>
<td>43%</td>
</tr>
<tr>
<td>AK</td>
<td>44%</td>
</tr>
<tr>
<td>DC</td>
<td>44%</td>
</tr>
<tr>
<td>SC</td>
<td>44%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State Abbreviation</th>
<th>CRC Screening rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA</td>
<td>45%</td>
</tr>
<tr>
<td>ID</td>
<td>45%</td>
</tr>
<tr>
<td>NY</td>
<td>46%</td>
</tr>
<tr>
<td>PR</td>
<td>46%</td>
</tr>
<tr>
<td>MT</td>
<td>46%</td>
</tr>
<tr>
<td>OH</td>
<td>46%</td>
</tr>
<tr>
<td>OR</td>
<td>47%</td>
</tr>
<tr>
<td>IA</td>
<td>47%</td>
</tr>
<tr>
<td>KY</td>
<td>47%</td>
</tr>
<tr>
<td>CT</td>
<td>49%</td>
</tr>
<tr>
<td>MI</td>
<td>49%</td>
</tr>
<tr>
<td>ND</td>
<td>50%</td>
</tr>
<tr>
<td>WV</td>
<td>51%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>State Abbreviation</th>
<th>CRC Screening rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>WI</td>
<td>52%</td>
</tr>
<tr>
<td>DE</td>
<td>53%</td>
</tr>
<tr>
<td>MA</td>
<td>54%</td>
</tr>
<tr>
<td>RI</td>
<td>55%</td>
</tr>
<tr>
<td>NH</td>
<td>56%</td>
</tr>
<tr>
<td>SD</td>
<td>58%</td>
</tr>
<tr>
<td>VT</td>
<td>60%</td>
</tr>
<tr>
<td>ME</td>
<td>62%</td>
</tr>
</tbody>
</table>
Thank You!
Q&A
Thank You!

nccrt.org #NCCRT2022 @NCCRTnews #80inEveryCommunity