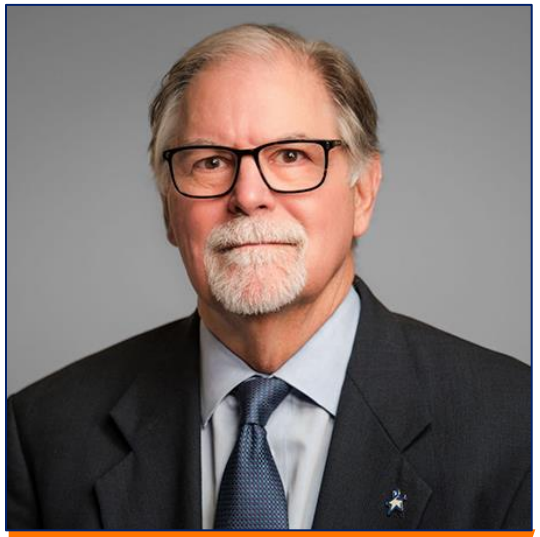
American Cancer Society | NATIONAL COLORECTAL CANCER ROUNDTABLE

Panel:
What Do the Data Tell Us? What Can We Learn from the Latest Colorectal Cancer Screening Rate Trends Over Time?

1:40 PM – 2:25 PM

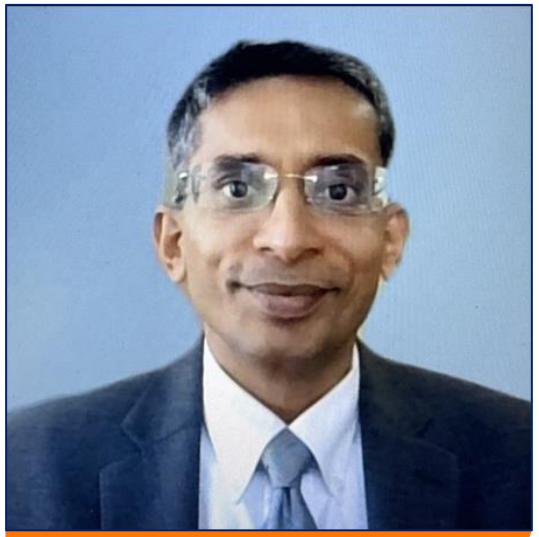
Panel: What Do the Data Tell Us?



Moderator
Robert Smith, PhD
American Cancer Society

Lisa C. Richardson, MD, MPH
Centers for Disease Control and Prevention

Priti Bandi, PhD
American Cancer Society



Neeraj Deshpande, MBBS, MPH, MHA
DHHS

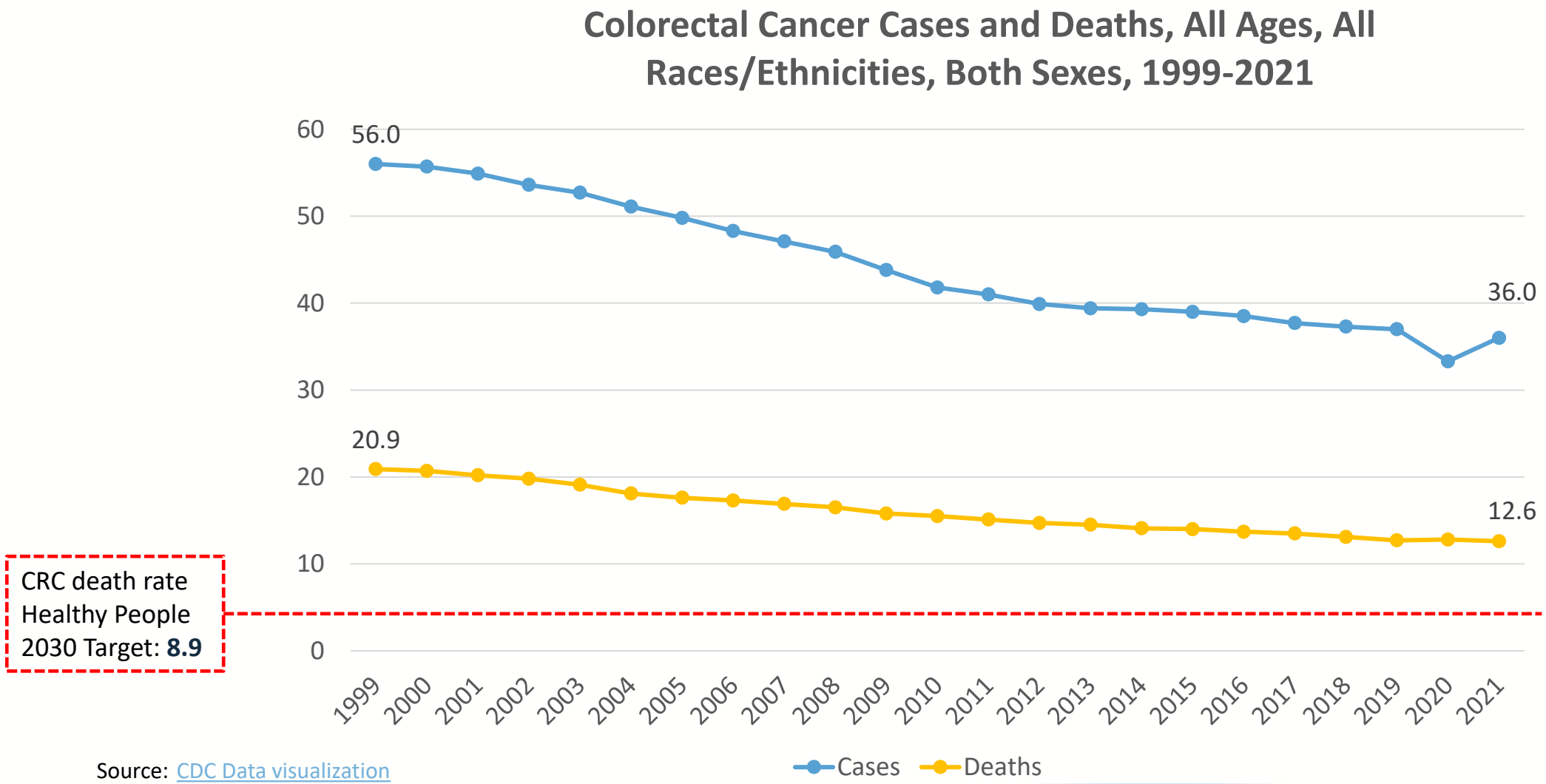
Cancer Prevention Works

BRFSS 2022 Data Update and Office of Management and Budget New Race/Ethnicity Memo Implementation

Lisa C. Richardson, MD, MPH
Division of Cancer Prevention and Control , CDC

NCCRT Annual Meeting
November 20, 2024

Colorectal Cancer Deaths and Cases



Source: CDC Data visualization

BRFSS Methods

- Annual, state-based, random-digit dialed telephone survey
- Self-reported responses to demographics, health risk behaviors, preventive health practices, and health care access
- Includes civilian, noninstitutionalized, adults 18yo and over.
- Questionnaire designed by a working group of BRFSS state coordinators and CDC staff
- 3 Parts: Core component (fixed core, rotating core, emerging core), Optional modules, State-added questions
    - Colorectal cancer is rotating core (even years)
- All health departments ask core component questions

BRFSS Colorectal Cancer Question Updates

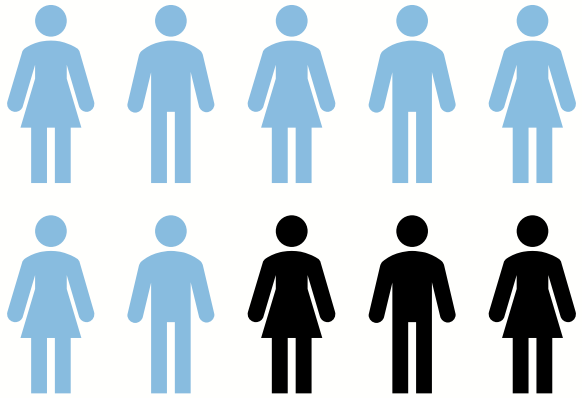
- We are now using the NHIS questions in BRFSS for colorectal cancer screening modified in 2021
- Examples of changes:
  - Adding questions about colonoscopy and sigmoidoscopy together (“have you had a colonoscopy, sigmoidoscopy, or both”)
  - Adding a questions about use of other types of tests together (“have you ever had any other kind of test for colorectal cancer such as virtual colonoscopy…”)
  - Modifying the wording of some questions
  - Adding CT Colonography/Virtual Colonoscopy and a Cologuard specific question

Up-to-Date for Colorectal Cancer Screening Defined

- Colonoscopy within 10 yrs
- Flexible Sigmoidoscopy within 5 yrs
- Flexible Sigmoidoscopy in 10 yrs and FOBT/FIT in 1 yr
- FOBT/FIT within 1 yr
- FIT-DNA within 3 yrs
- Virtual colonoscopy within 5 yrs

2022 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

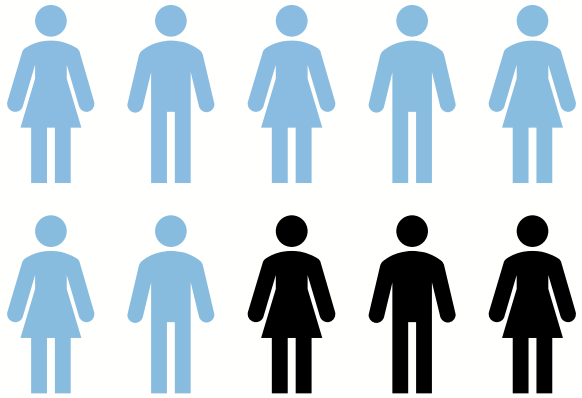
- **72.2 % (66.8 million people)** Up-to-date with colorectal cancer screening (all test types)* ^
- **21.8 % (19.2 million people)** Never Screened

Source: Use of Colorectal Cancer Screening Tests | CDC

*FIT-DNA and CT (virtual) colonography added 2021
^note colorectal cancer questions were modified in 2021

2022 Behavioral Risk Factor Surveillance System (BRFSS) Colorectal Cancer Screening Overview

6 in **10** U.S. Adults
Ages 45-75



Up to Date with
Colorectal Cancer Screening

- **62.1 % (71.7 million people)** Up to date with colorectal cancer screening (all test types)* ^
- **32.3 % (29.4 million people)** Never Screened

Source: Use of Colorectal Cancer Screening Tests | CDC

*FIT-DNA and CT (virtual) colonography added 2021
^note colorectal cancer questions were modified in 2021

BRFSS Population 45-49yo, Colorectal Cancer Screening, 2022

- 25,873 men and women 45-49yo in BRFSS sample
- Weighted population estimate **~16 million men and women 45-49yo in the US**
- Colorectal Cancer Screening
  - **31% Up-to-date** with CRC screening (vs 72% for 50-75yo)
  - **4.2% Screened but not up-to-date**
  - **64.7% Never screened** (vs. 21.8% for 50-75yo)

Colorectal Cancer Screening Behaviors, BRFSS 2022

Screened and Up-to-date by Any Test

72.2% 

Screened but not up-to-date by Any Test

6.1% 

Never Screened by Any Test

21.8% 

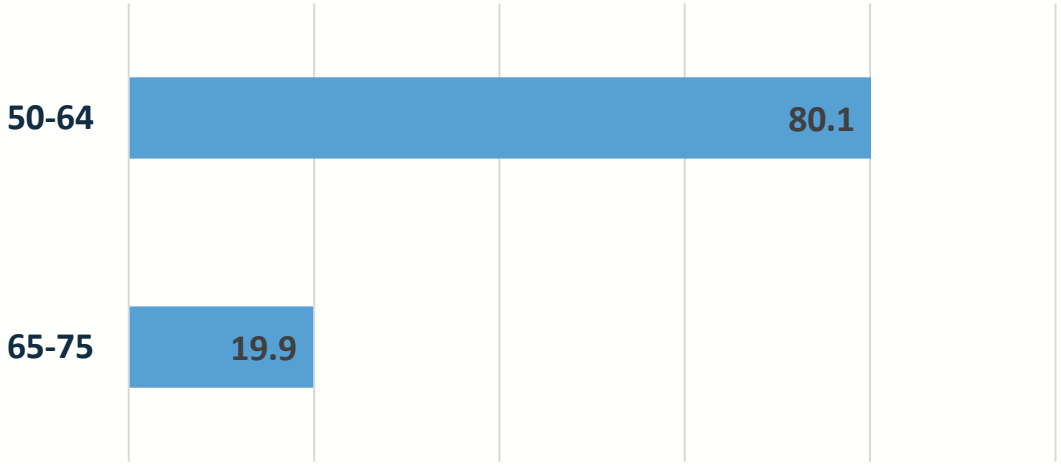
Never Screened BRFSS, 2022

Demographic Characteristics for Never Screened by Any Test, BRFSS 2022

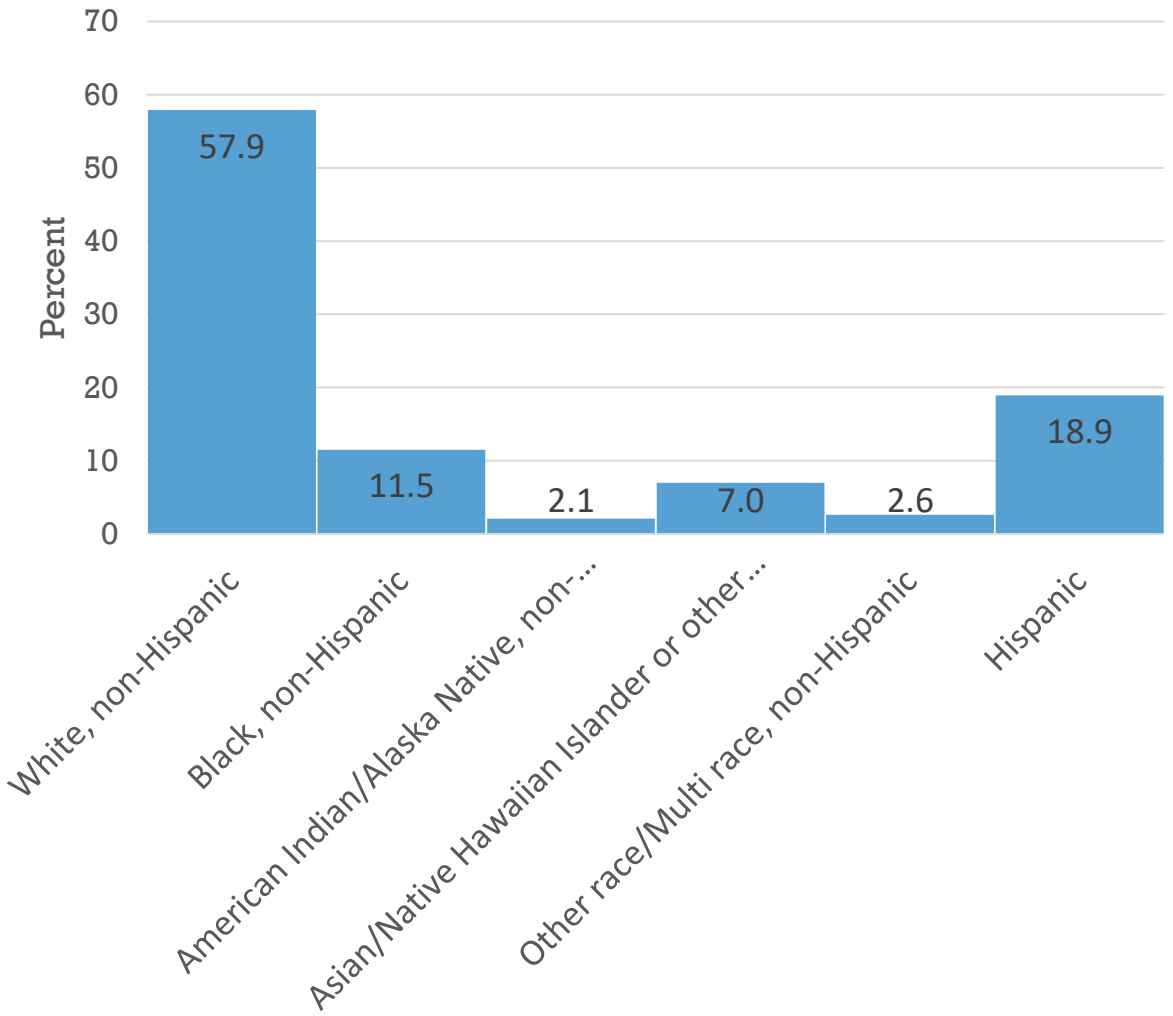
47.9%

52.1%

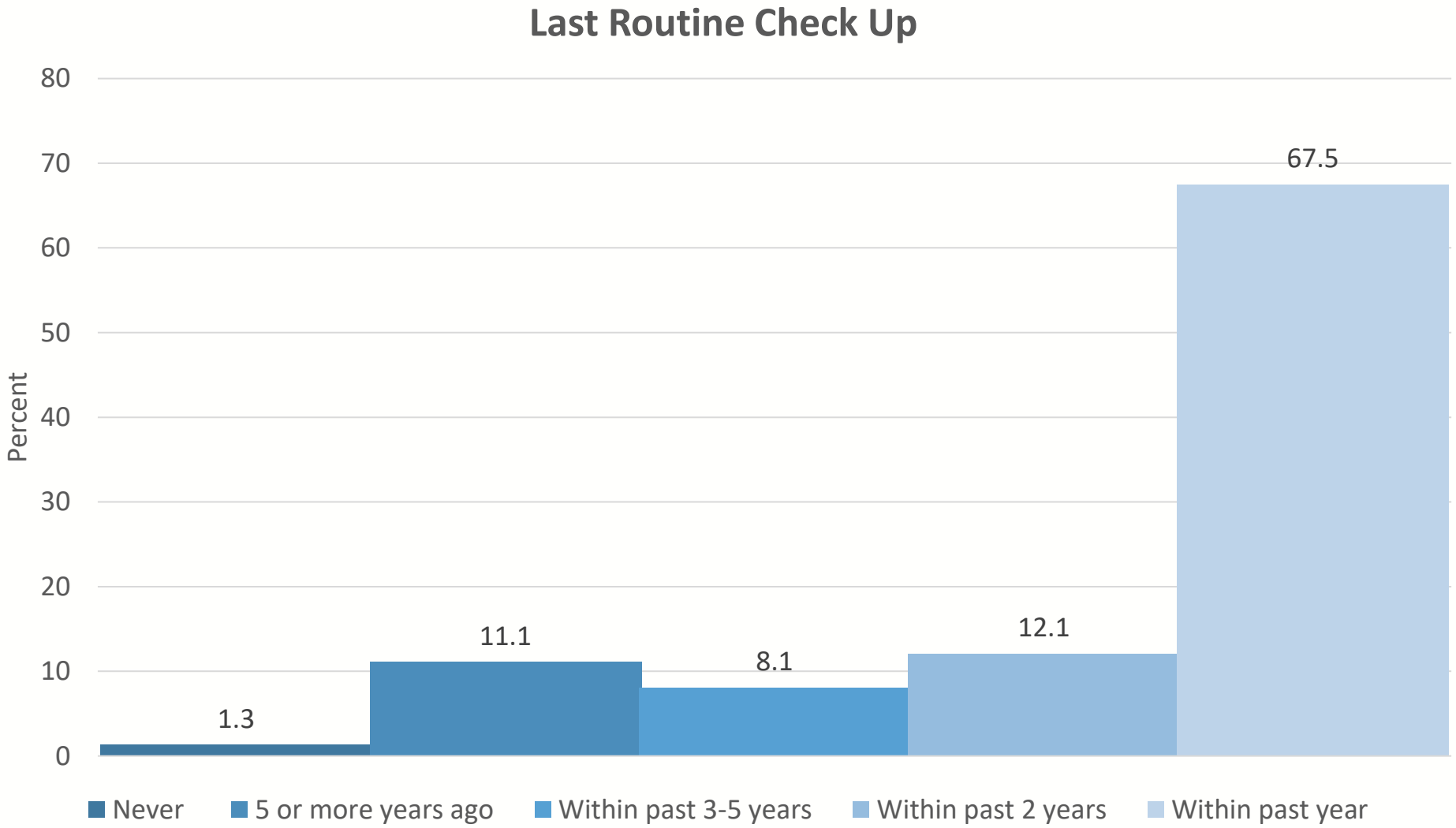
Percentage Never Screened by Age



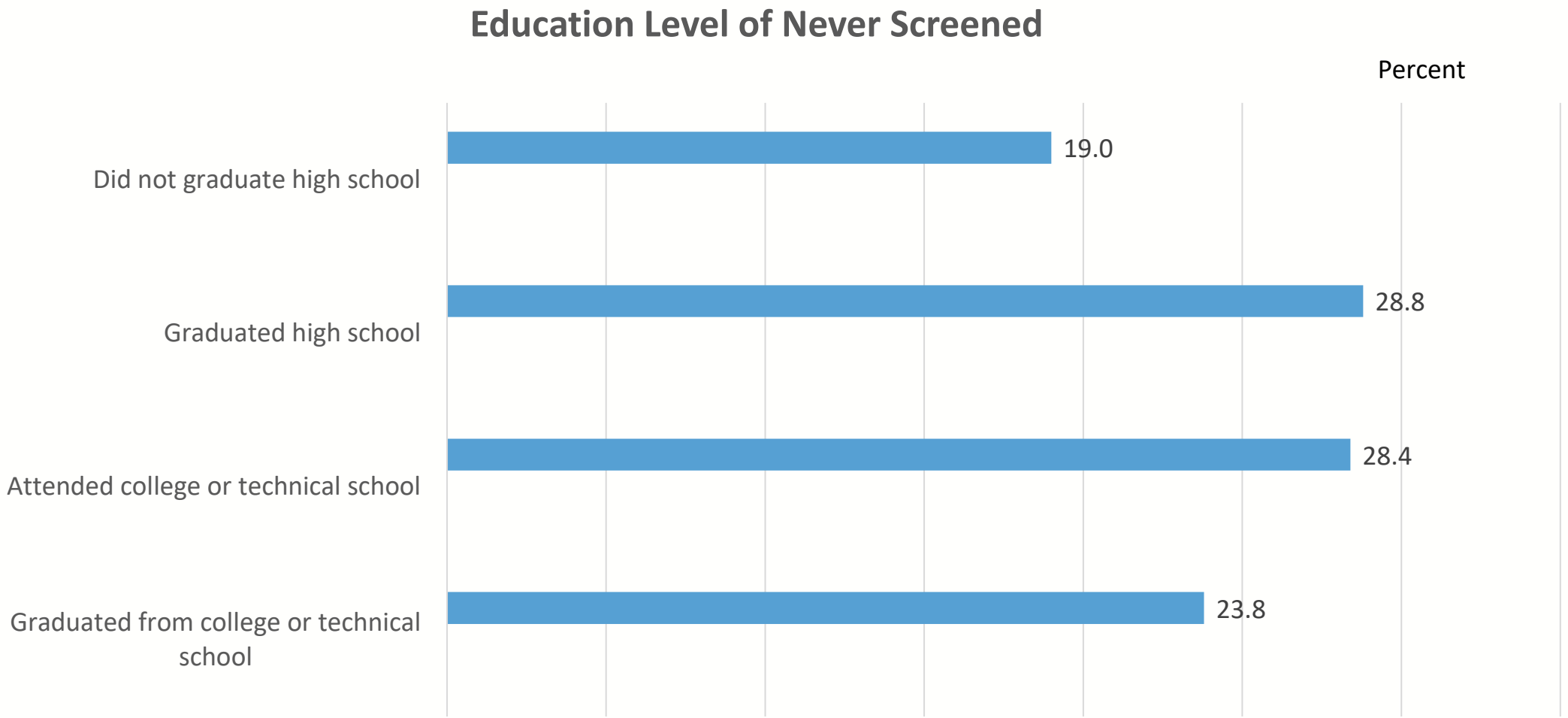
Never Screened by Race



Never Screened Health History: Timing of Last Routine Check Up BRFSS, 2022

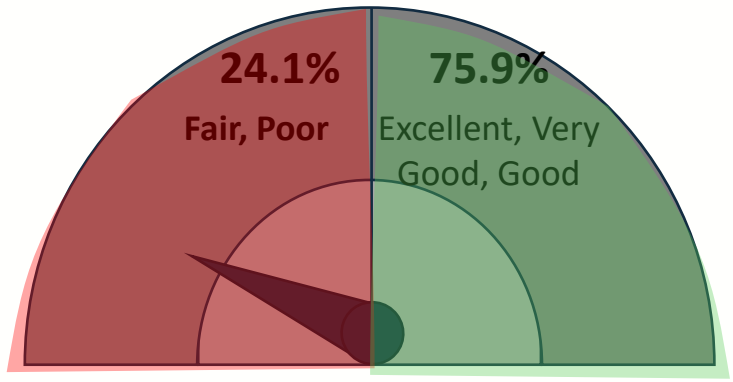


Never Screened Education Level BRFSS, 2022

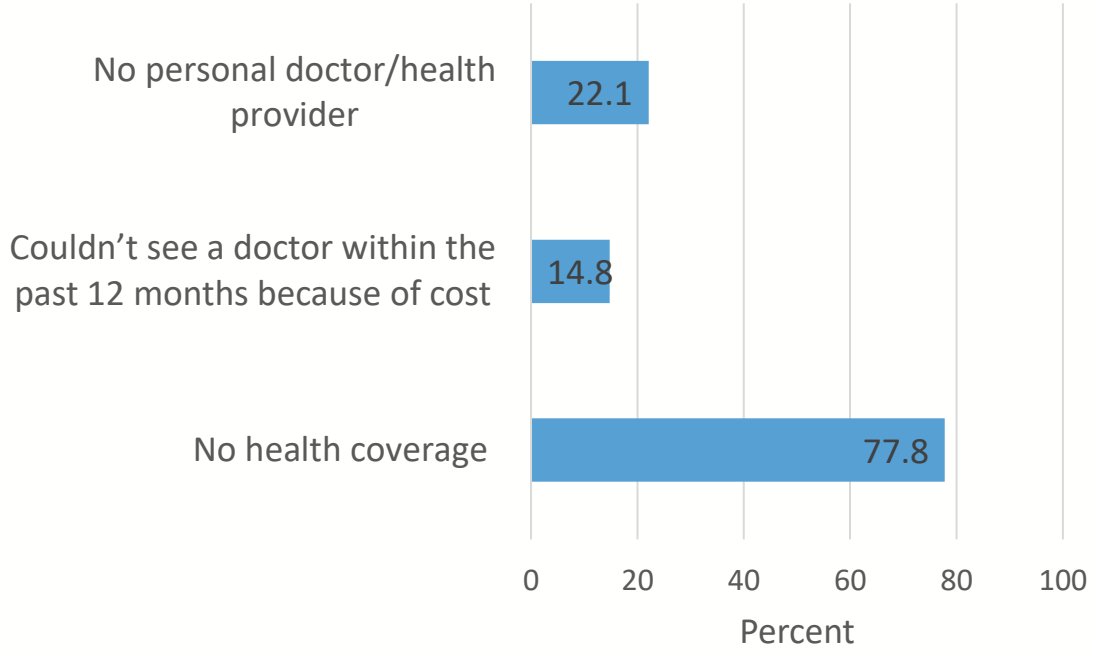


Never Screened Perceived Health Status and Barriers BRFSS, 2022

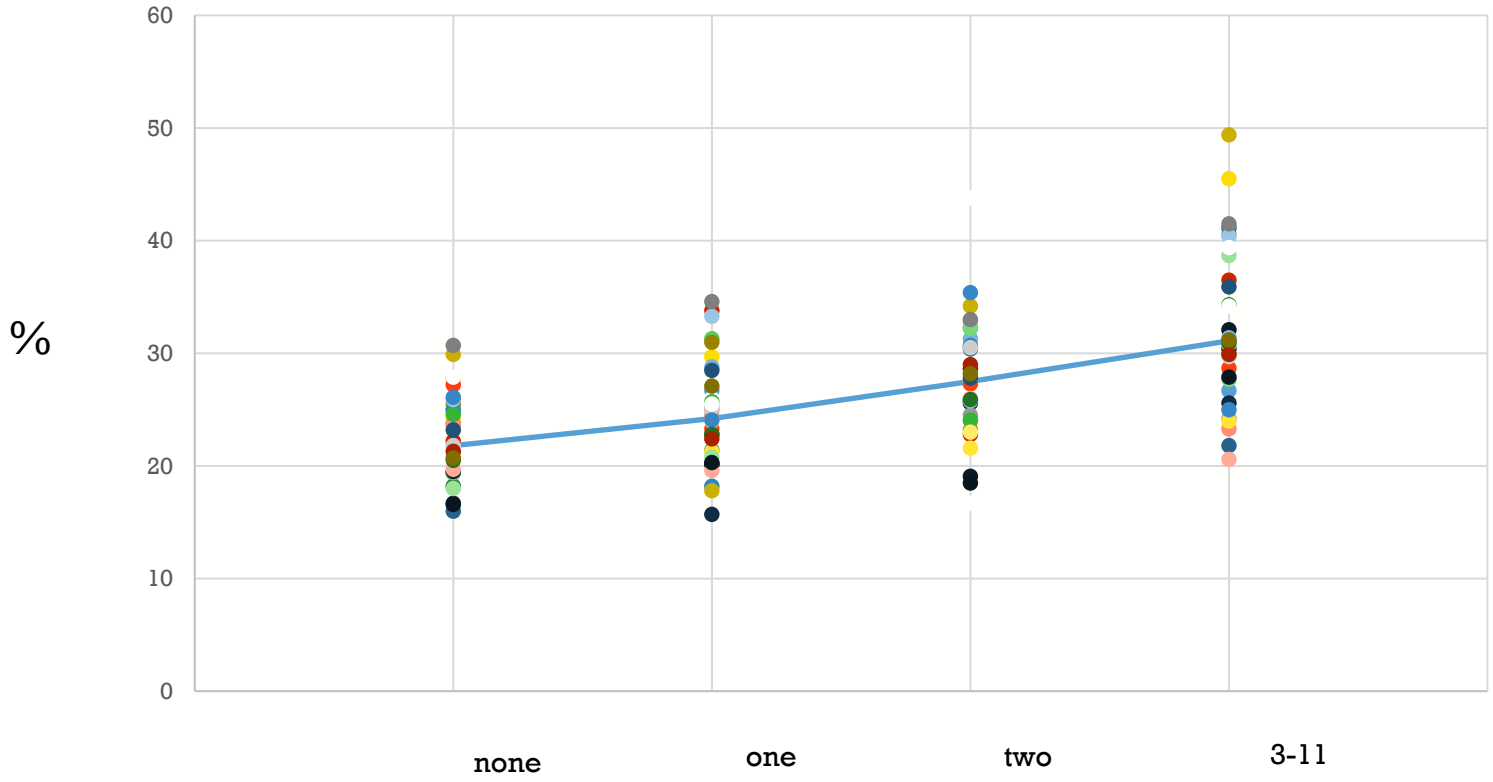
Self Reported General Health



Perceived Health Barriers



Never screened for by state (34 states and DC) and number of social risk factors, men and women aged 45-75, BRFSS 2022



2024 OMB Race and Ethnicity Standards

Slides for Discussion with Division of Cancer Prevention and Control

Revision #1

Collect race and ethnicity information using one combined question

1997

1. “Are you Hispanic or Latino?”

And

2. “What is your race? <`Mark' or `Select'> one or more”

2024

What is your race and/or ethnicity?
Select all that apply.

- ☐ **American Indian or Alaska Native**
- ☐ **Asian**
- ☐ **Black or African American**
- ☐ **Hispanic or Latino**
- ☐ **Middle Eastern or North African**
- ☐ **Native Hawaiian or Pacific Islander**
- ☐ **White**

Revision #2

Add “Middle Eastern or North African” (MENA) as a new minimum category

1997	2024
White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	The category “Middle Eastern or North African” includes all individuals who identify with one or more nationalities or ethnic groups with origins in the Middle East and North Africa. Examples include, but are not limited to, Lebanese, Iranian, Egyptian, Syrian, Moroccan, and Israeli.

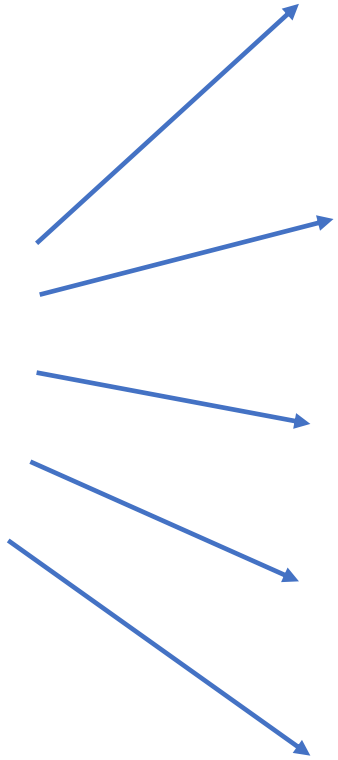
Revision #3

Require the collection of detailed race and ethnicity categories by default

2024 MINIMUM CATGORIES:

What is your race and/or ethnicity?
Select all that apply.

- ☐ **American Indian or Alaska Native**
- ☐ **Asian**
- ☐ **Black or African American**
- ☐ **Hispanic or Latino**
- ☐ **Middle Eastern or North African**
- ☐ **Native Hawaiian or Pacific Islander**
- ☐ **White**



What is your race and/or ethnicity?
Select all that apply and enter additional details in the spaces below.

☐ **American Indian or Alaska Native –** *Enter, for example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.*

☐ **Asian –** *Provide details below.*
☐ Chinese ☐ Asian Indian ☐ Filipino
☐ Vietnamese ☐ Korean ☐ Japanese
Enter, for example, Pakistani, Hmong, Afghan, etc.

☐ **Black or African American –** *Provide details below.*
☐ African American ☐ Jamaican ☐ Haitian
☐ Nigerian ☐ Ethiopian ☐ Somali
Enter, for example, Trinidadian and Tobagonian, Ghanaian, Congolese, etc.

☐ **Hispanic or Latino –** *Provide details below.*
☐ Mexican ☐ Puerto Rican ☐ Salvadoran
☐ Cuban ☐ Dominican ☐ Guatemalan
Enter, for example, Colombian, Honduran, Spaniard, etc.

☐ **Middle Eastern or North African –** *Provide details below.*
☐ Lebanese ☐ Iranian ☐ Egyptian
☐ Syrian ☐ Iraqi ☐ Israeli
Enter, for example, Moroccan, Yemeni, Kurdish, etc.

☐ **Native Hawaiian or Pacific Islander –** *Provide details below.*
☐ Native Hawaiian ☐ Samoan ☐ Chamorro
☐ Tongan ☐ Fijian ☐ Marshallese
Enter, for example, Chuukese, Palauan, Tahitian, etc.

☐ **White –** *Provide details below.*
☐ English ☐ German ☐ Irish
☐ Italian ☐ Polish ☐ Scottish
Enter, for example, French, Swedish, Norwegian, etc.

Timeline – *We Need Denominators*

Existing Federal agency-conducted or -sponsored data collection should implement within four years; new collections should implement immediately

- Most NCHS surveys depend on estimates of the civilian, noninstitutionalized population from the Census Population Estimates Program for weighting purposes
  - Pop Estimates is planning to create a county-level bridge between the previous and new race categories
  - They plan on testing the bridge in summer 2025 and make available in early 2026
  - Estimates will fully transition (no bridge) once all of their inputs have transitioned (i.e., birth/death records and 2030 decennial data)
- Other surveys and systems (e.g., Hispanic sub-group mortality statistics) rely on estimates from the American Community Survey
  - ACS may not implement 2024 SPD-15 until 2027, with dissemination in 2028

Thank you!

Go to the official federal source of cancer prevention information:

www.cdc.gov/cancer

Cancer Prevention Works

Division of Cancer Prevention and Control

Reliable. Trusted. Scientific.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

What Do the Data Tell Us About CRC Screening? The National Health Interview Survey.

Priti Bandi

November 2024

Surveillance and Health Equity Science Department, American Cancer Society

NHIS

National Health Interview Survey

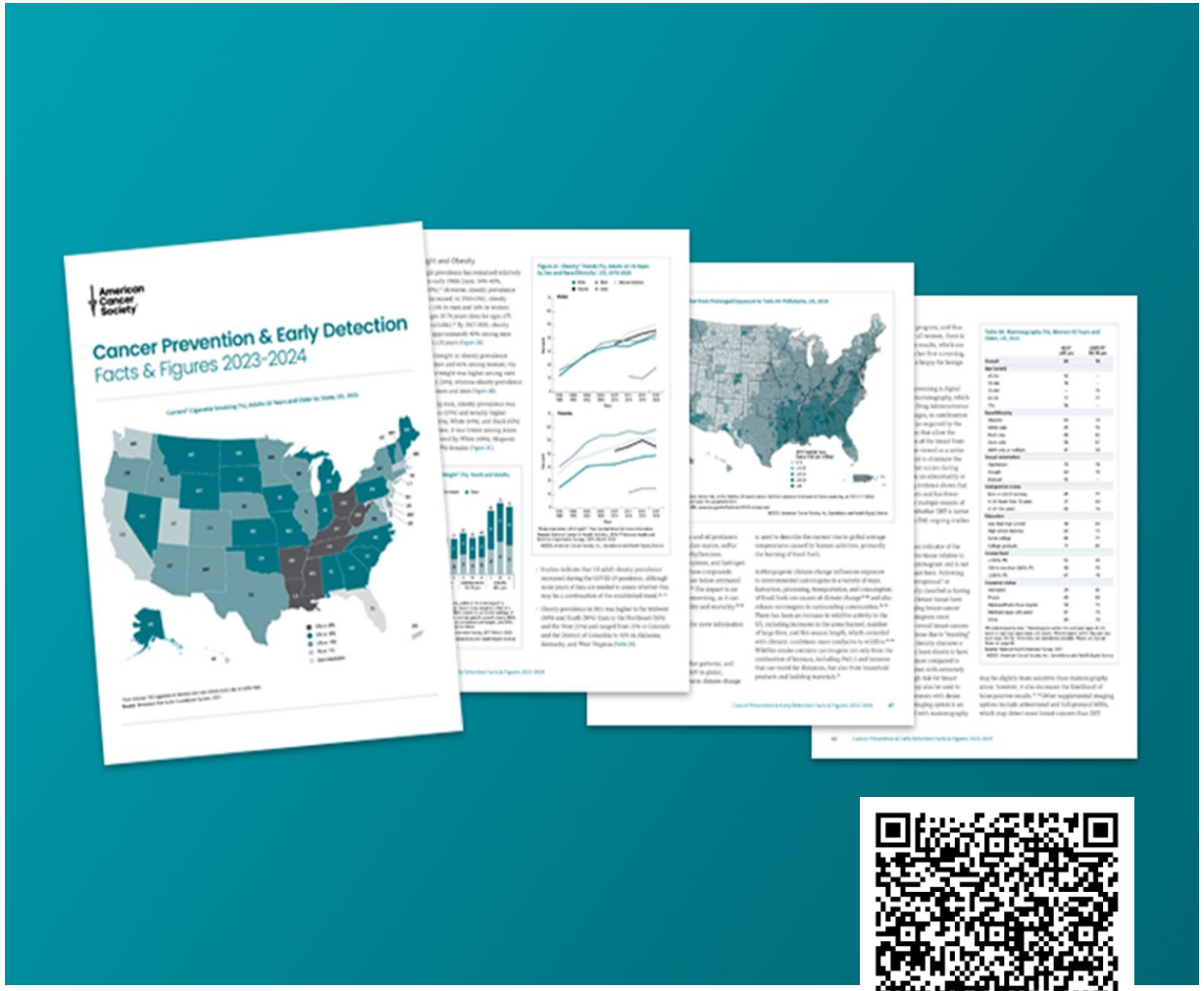
- In person, nationally representative, household survey among non-institutionalized adults
- Self-reported CRC screening data
  - Colonoscopy
  - Sigmoidoscopy
  - FIT/gFOBT (hereafter FIT)
  - CT Colonography (added in 2010)
  - sDNA/Cologuard (added in 2018)
- 2019: Change in survey design, CRC screening questions, and rotation
- 2021, 2023: CRC screening data are collected, mix of in-person/ telephone

American Cancer Society

Cancer Prevention & Early Detection Facts & Figures

National and state-level screening data

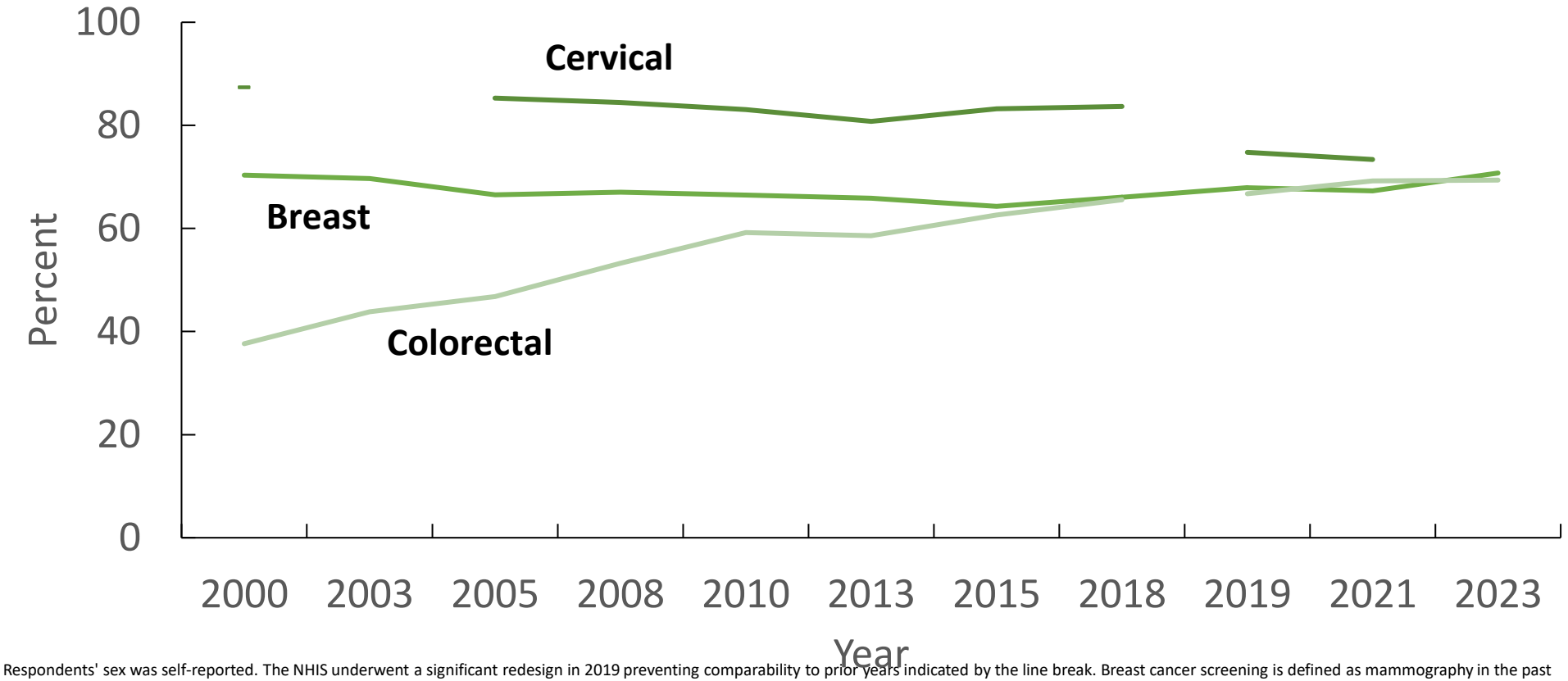
- ACS Bi-annual surveillance publication
- 2023-2024 latest full booklet
- Tables and Figures updated every year, 2024 latest
- Historical back to 2006



https://www.cancer.org/research/cancer-facts-statistics/cancer-prevention-early-detection.html

All age-eligible

Trends in Breast*, Cervical†, and Colorectal‡ Cancer Screening (%), US, 2000-2023



Respondents' sex was self-reported. The NHIS underwent a significant redesign in 2019 preventing comparability to prior years indicated by the line break. Breast cancer screening is defined as mammography in the past 2 years among females 40+ years. Breast cancer screening estimates are age-adjusted to the year 2000 US standard population using three age groups: 40-49, 50-64, and 65+ years. Cervical cancer screening is defined as Pap test in the past 3 years (2000-on) among females 21-65 years or HPV and Pap co-testing in the past 5 years (2015-on) among females 30-65 years who have not had a hysterectomy; hysterectomy data not available in 2003. Cervical cancer screening estimates are age-adjusted to the year 2000 US standard population using four age groups: 21-29, 30-39, 40-49, and 50-65 years. Colorectal cancer screening is defined as colonoscopy, sigmoidoscopy, and stool-testing in the past 10, 5, and 1 years; CT colonography in the past 5 years (2010-on); sDNA in the past 3 years (2018-on) among adults 50+ years. Colorectal cancer screening estimates are age-adjusted to the year 2000 US standard population using two age groups: 50-64 and 65+ years.

Sources: National Health Interview Survey, 2000-2021; American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures*.

https://www.cancer.org/research/cancer-facts-statistics/cancer-prevention-early-detection.html

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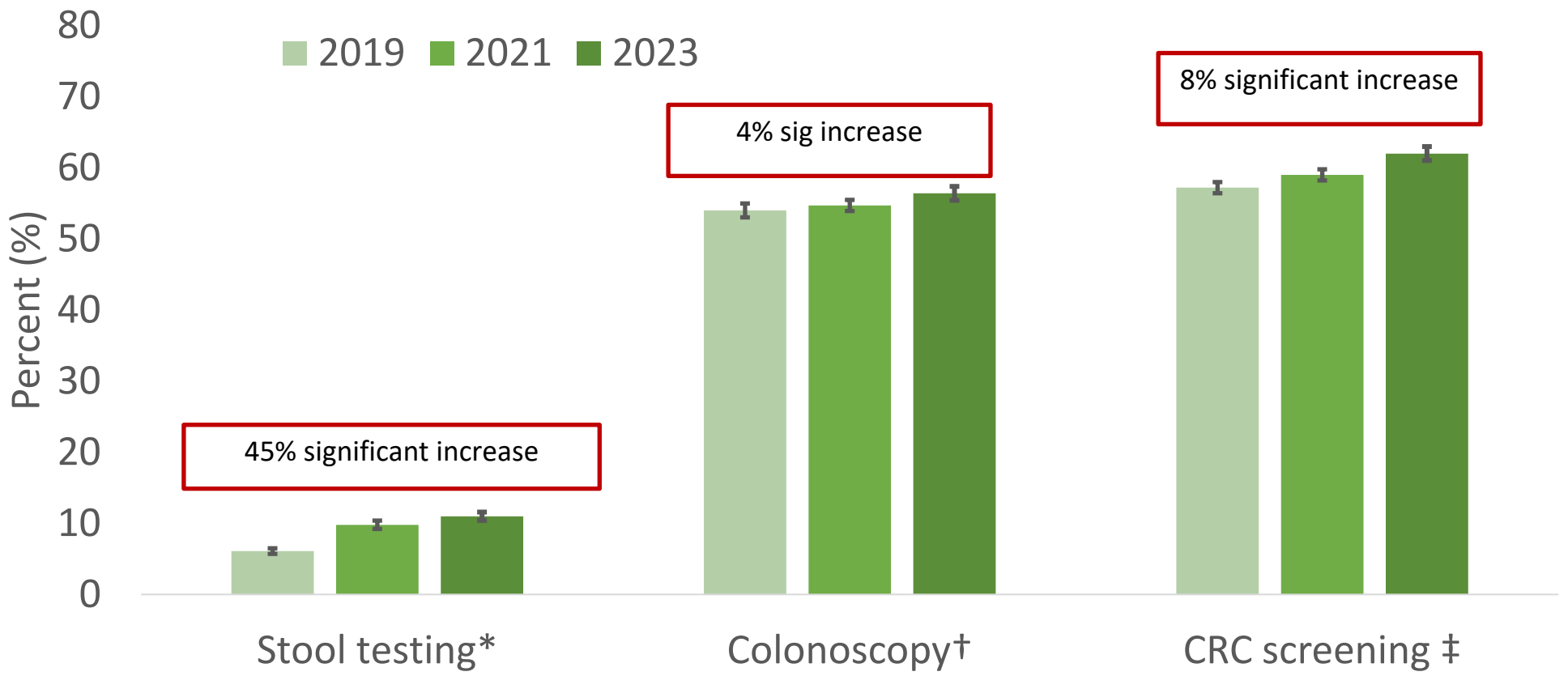
Colorectal‡ Cancer Screening (%) ACS guideline concordant, US, 2019–2023



*Fecal occult blood test (FOBT) OR fecal immunochemical test (FIT) within the past 1 year OR sDNA test within the past 3 years. †Within the past 10 years. ‡FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, OR sDNA test in the past 1, 5, 10, 5 and 3 years, respectively. Estimates age adjusted to the year 2000 US population standard using 3 age groups: 45-49, 50-64, and ≥65 years.

Source: National Health Interview Survey, 2000-2023; American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures, 2023-2024*.
https://www.cancer.org/research/cancer-facts-statistics/cancer-prevention-early-detection.html

Ages 45–49 years

Colorectal‡ Cancer Screening (%) USPSTF recommendation concordant, 2019–2021

45–49 years: newly eligible in 2018 (ACS guideline), 2021 (USPSTF)

Table 1. Up-to-date colorectal cancer screening prevalence among individuals aged 45 to 49 years, 2019 and 2021

	2019			2021			Change from 2019 to 2021
	Screened No. (95% CI)	Unscreened No. (95% CI)	Prevalence % (95% CI)	Screened No. (95% CI)	Unscreened No. (95% CI)	Prevalence % (95% CI)	Adjusted prevalence difference[a] % points (95% CI)
CRC screening	4 171 400 (3 688 404 to 4 654 397)	15 846 367 (14 818 481 to 16 874 252)	20.8 (18.9, to 23.0)	3 729 005 (3 313 434 to 4 144 576)	15 244 087 (14 245 205 to 16 242 968)	19.7 (17.8 to 21.6)	–1.0 (–3.7 to 1.7)
Colonoscopy	3 890 607 (3 435 540 to 4 345 673)	16 077 954 (15 042 865 to 17 113 043)	19.5 (17.6 to 21.5)	3 358 939 (2 956 943 to 3 760 935)	15 492 327 (14 484 931 to 16 499 722)	17.8 (16.0 to 19.8)	–1.5 (–4.2 to 1.2)
FOBT and/or FIT	236 521 (131 626 to 341 416)	19 629 410 (18 442 959 to 20 815 861)	1.2 (0.8 to 1.9)	455 831 (317 306 to 594 356)	18 434 233 (17 315 781 to 19 552 685)	2.4 (1.8 to 3.3)	1.3 (0.3 to 2.3)

[a] Prevalence estimates and prevalence differences were survey weighted. Prevalence differences were adjusted for age, sex, racial and ethnic group, and education level. CRC screening was defined as FOBT or FIT in the past year, multitarget stool DNA-FIT testing in the past 3 years among those who received an FOBT and/or FIT test, sigmoidoscopy, or computed tomography colonography in the past 5 years, or colonoscopy in the past 10 years. Colonoscopy was defined as colonoscopy in the past 10 years. FOBT and/or FIT was defined as FOBT or FIT, not including multitarget stool DNA-FIT testing, in the past year. CI = confidence interval; CRC = colorectal cancer; FIT = fecal immunochemical test; FOBT = fecal occult blood test.

Volume 116, Issue 4
April 2024

JOURNAL ARTICLE

Colorectal cancer screening test exposure patterns in US adults 45 to 49 years of age, 2019-2021

Jessica Star, MA, MPH ✉, Rebecca L Siegel, MPH, Adair K Minihan, MPH, Robert A Smith, PhD, Ahmedin Jemal, DVM, PhD, Priti Bandi, PhD

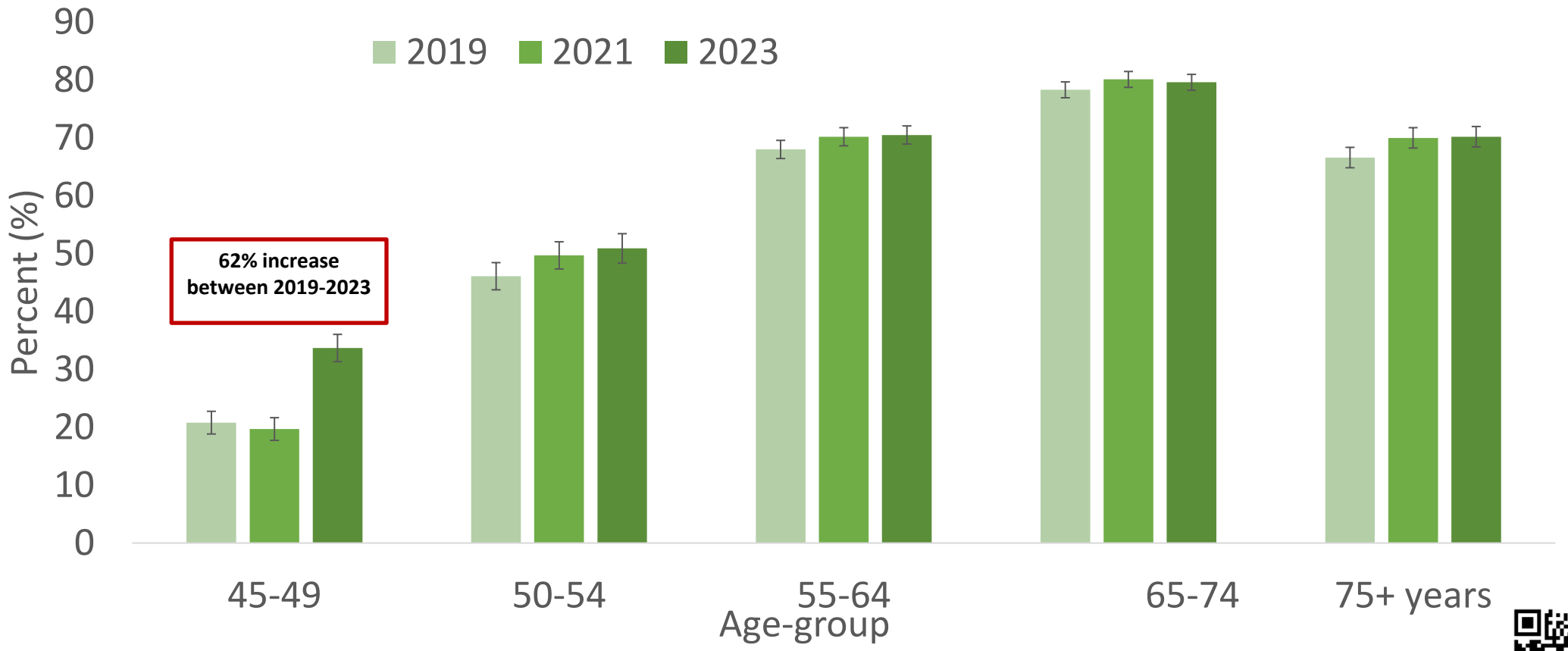
JNCI: Journal of the National Cancer Institute, Volume 116, Issue 4, April 2024, Pages 613–617, https://doi.org/10.1093/jnci/djae003

Published: 04 January 2024 **Article history ▾**

Star et al. Colorectal cancer screening test exposure patterns in US adults 45 to 49 years of age, 2019-2021, *JNCI: Journal of the National Cancer Institute*, Volume 116, Issue 4, April 2024, Pages 613–617, https://doi.org/10.1093/jnci/djae003

Colorectal‡ Cancer Screening (%) ACS guideline, 2019–2023

45–49 years: newly eligible in 2018 (ACS guideline), 2021 (USPSTF)



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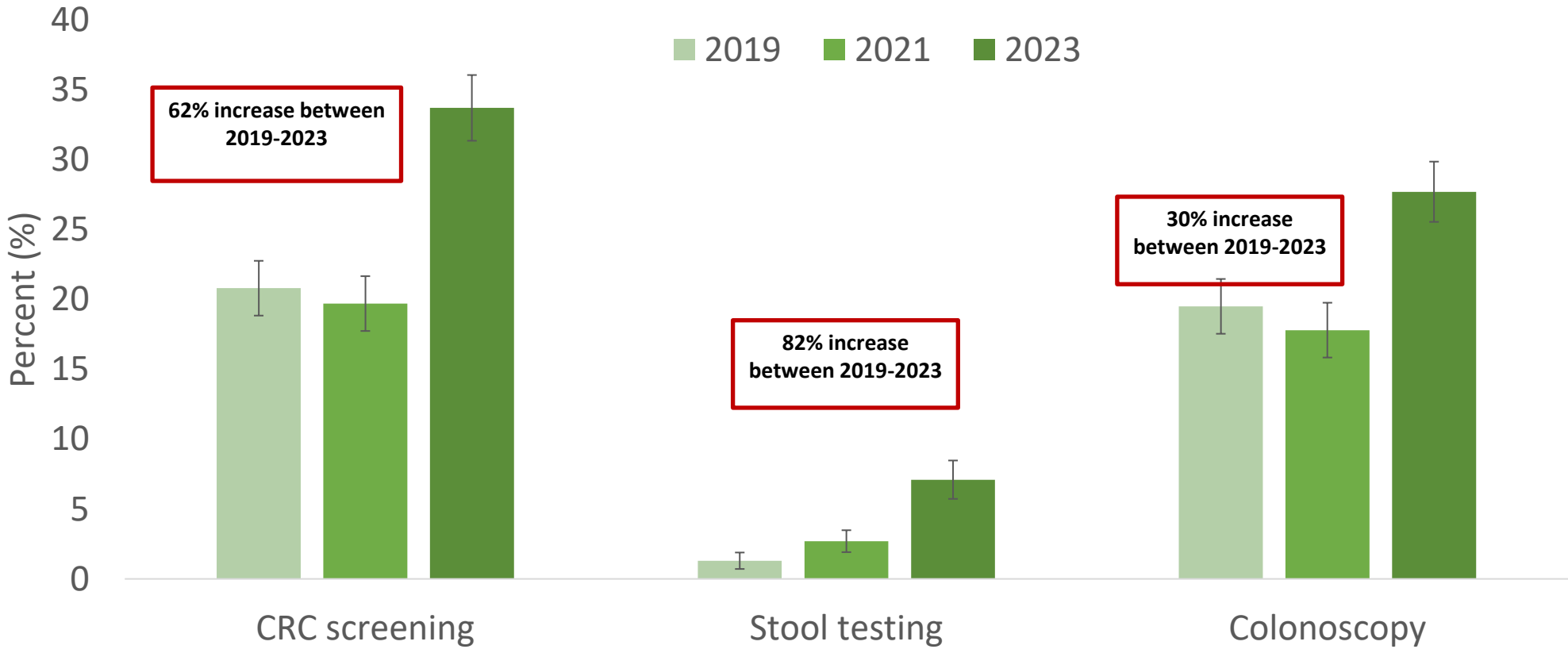
‡FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, OR sDNA test in the past 1, 5, 10, 5 and 3 years, respectively. Estimates age adjusted to the year 2000 US population standard using 3 age groups: 45-49, 50-64, and ≥65 years.

Source: National Health Interview Survey, 2019, 2021, 2023; American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures*
https://www.cancer.org/research/cancer-facts-statistics/cancer-prevention-early-detection.html

Colorectal‡ Cancer Screening 45–49 years (%) ACS guideline, 2019–2023



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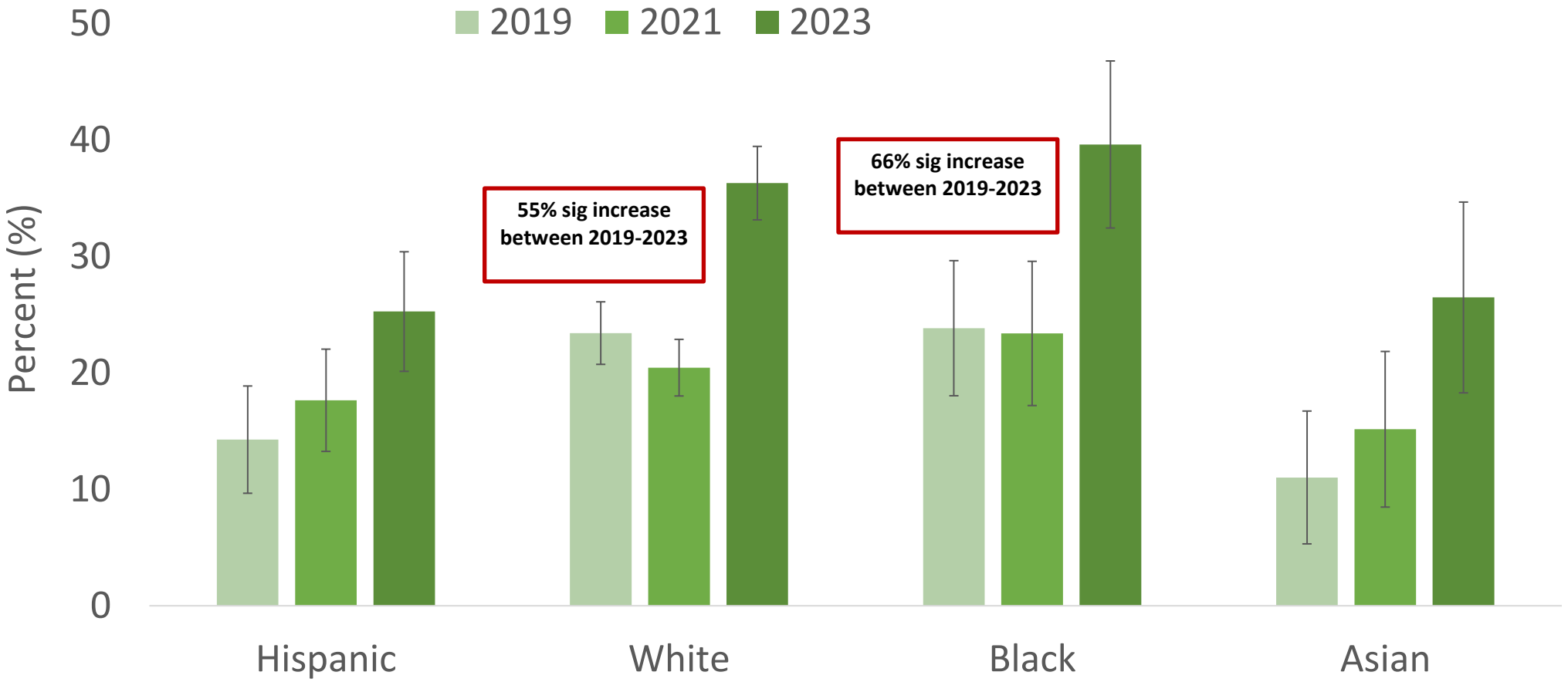
*Stool testing: Fecal occult blood test (FOBT) OR fecal immunochemical test (FIT) within the past 1 year OR sDNA test within the past 3 years. †Colonoscopy: Within the past 10 years. ‡CRC screening: FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, OR sDNA test in the past 1, 5, 10, 5 and 3 years, respectively. Estimates age adjusted to the year 2000 US population standard using 3 age groups: 45-49, 50-64, and ≥65 years.

Source: National Health Interview Survey, 2019, 2021, 2023; American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures*
https://www.cancer.org/research/cancer-facts-statistics/cancer-prevention-early-detection.html

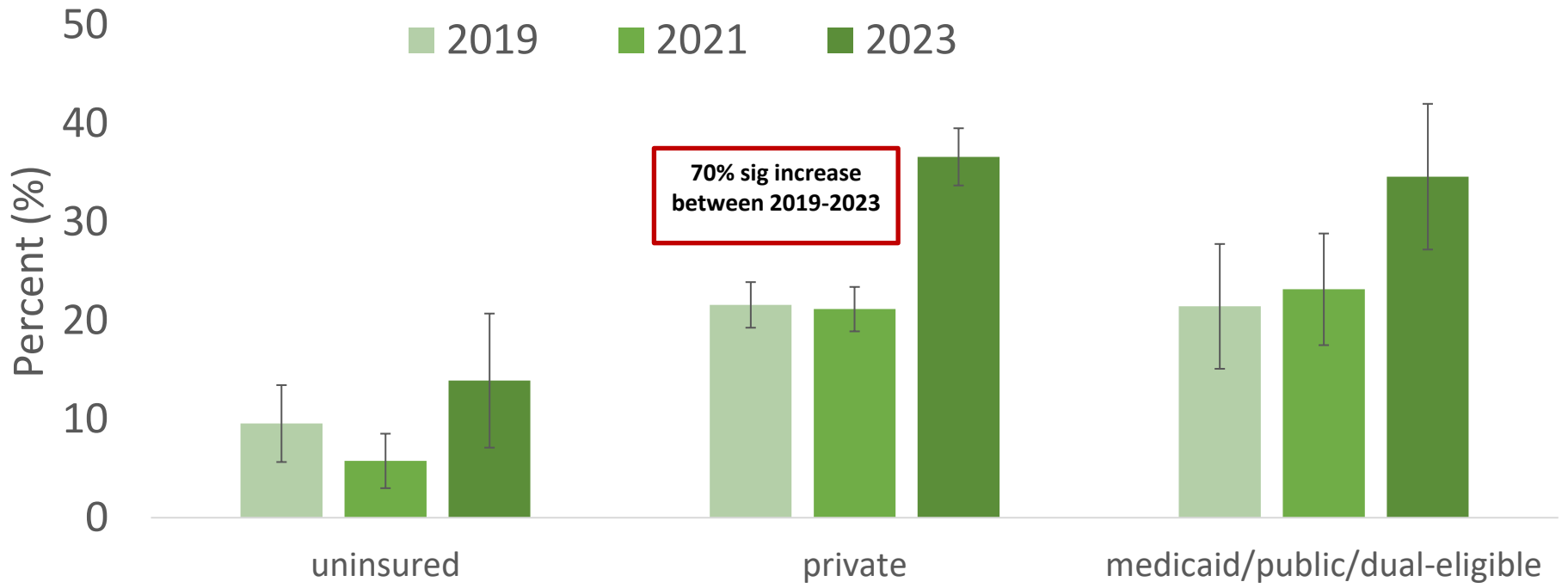
Colorectal‡ Cancer Screening 45–49 years (%) ACS guideline, by Race/ethnicity, 2019–2023



‡ FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, OR sDNA test in the past 1, 5, 10, 5 and 3 years, respectively. Estimates age adjusted to the year 2000 US population standard using 3 age groups: 45-49, 50-64, and ≥65 years.

Source: National Health Interview Survey, 2019, 2021, 2023; American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures* https://www.cancer.org/research/cancer-facts-statistics/cancer-prevention-early-detection.html

Colorectal‡ Cancer Screening 45-49 years (%) ACS guideline, by Insurance type, 2019-2023



‡ FOBT/FIT, sigmoidoscopy, colonoscopy, computed tomography (CT) colonography, OR sDNA test in the past 1, 5, 10, 5 and 3 years, respectively. Estimates age adjusted to the year 2000 US population standard using 3 age groups: 45-49, 50-64, and ≥65 years.

Source: National Health Interview Survey, 2019, 2021, 2023; American Cancer Society. *Cancer Prevention & Early Detection Facts & Figures;* https://www.cancer.org/research/cancer-facts-statistics/cancer-prevention-early-detection.html

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Summary

- COVID-19 pandemic, 2019-2023:
  - During pandemic: Large increase in stool-based testing in 2021 maintained stable overall CRC levels
  - Post-pandemic: Overall CRC screening increased in 2023 vs. 2019, driven by both stool and colonoscopy increases
- Newly-eligible adults 45-49 years: ~ 1 in 3 individuals screened in 2023
  - Large increase in 2023 vs. 2021 consistent with 2021 USPSTF guideline change; crucial role of insurance coverage
  - Stool testing still underutilized vs. colonoscopy despite increases in both modalities
  - Race/ethnic differences: Black and White individuals similar and highest screening %s; Hispanic and Asian individuals ~30% lower screening %s
  - Insurance type: Private and Medicaid insured individuals similar and highest screening %s

Thanks!

HRSA
Health Resources & Services Administration

2023 UDS Update: Colorectal Cancer Screening

November 20, 2024

Neeraj Deshpande
Quality, Office of Quality Improvement
Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC)

Vision: Healthy Communities, Healthy People

Agenda

- UDS 2023 highlights
- Colorectal Cancer (CRC) screening in 2023
- Colorectal Cancer (CRC) in previous years
- What's next

HRSA Health Center Program Data Highlights in 2023

HRSA Health Center Program

Health Center Program Fundamentals

Serve High Need Areas

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

Patient Directed

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

Comprehensive

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

No One is Turned Away

- Services are available to all, with fees adjusted based upon ability to pay

Collaborative

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

Accountable

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

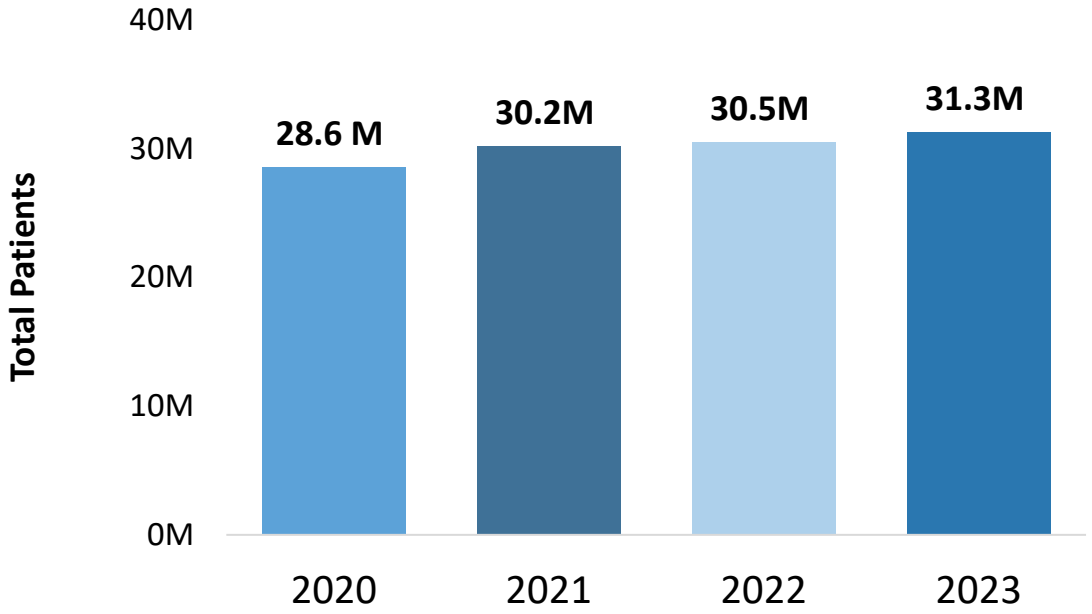
The Health Center Program is authorized under Section 330 of the Public Health Service (PHS) Act.

HRSA Health Center Program

Health Center Patients

In 2023, health centers served **over 31 million patients.**

+2,686,444 patients since 2020



Source: Uniform Data System, 2020-2023 – Table 3B, UDS Rollup Report, Health Center Site Information, Form 5

HRSA Health Center Program

Growth in Health Center Sites

In 2023, health centers operated more than 15,500 sites nationwide.

	2020	2021	2022	2023	2020-2023 #(%) Change
Overall Health Center Sites	13,395	14,063	14,848	15,576	2,181 (16%)
School Sites	3,032	3,297	3,663	4,036	1,004 (33%)
Mobile Vans	645	823	907	1,052	407 (63%)

- Since 2020, health centers opened **nearly 2,200 additional sites overall**, including:
  - More than **1,000 additional school-based sites**
  - More than **400 additional mobile units**

Source: Form 5

HRSA Health Center Program

Patient Characteristics

HRSA-funded health centers provide high-quality care to 31M+ patients across the country, including:

1 in 8 children

90% of patients at or below 200% of the poverty line

9.7M rural residents

24.7M+ Uninsured, Medicaid and Medicare patients

1.4M Patients experiencing homelessness

1.1M patients served at school-based health center sites

585K pregnant patients

1.0M agricultural workers

405K veterans

172K deliveries

Source: Uniform Data System, 2023 – Table 3A, Table 3B, Table 4

HRSA Health Center Program

Colorectal Cancer Screening in 2023

Patients: 2023 UDS Colorectal Cancer Screening Rates

Served

over 8 **million** patients

Screened

Over **3.3 million**

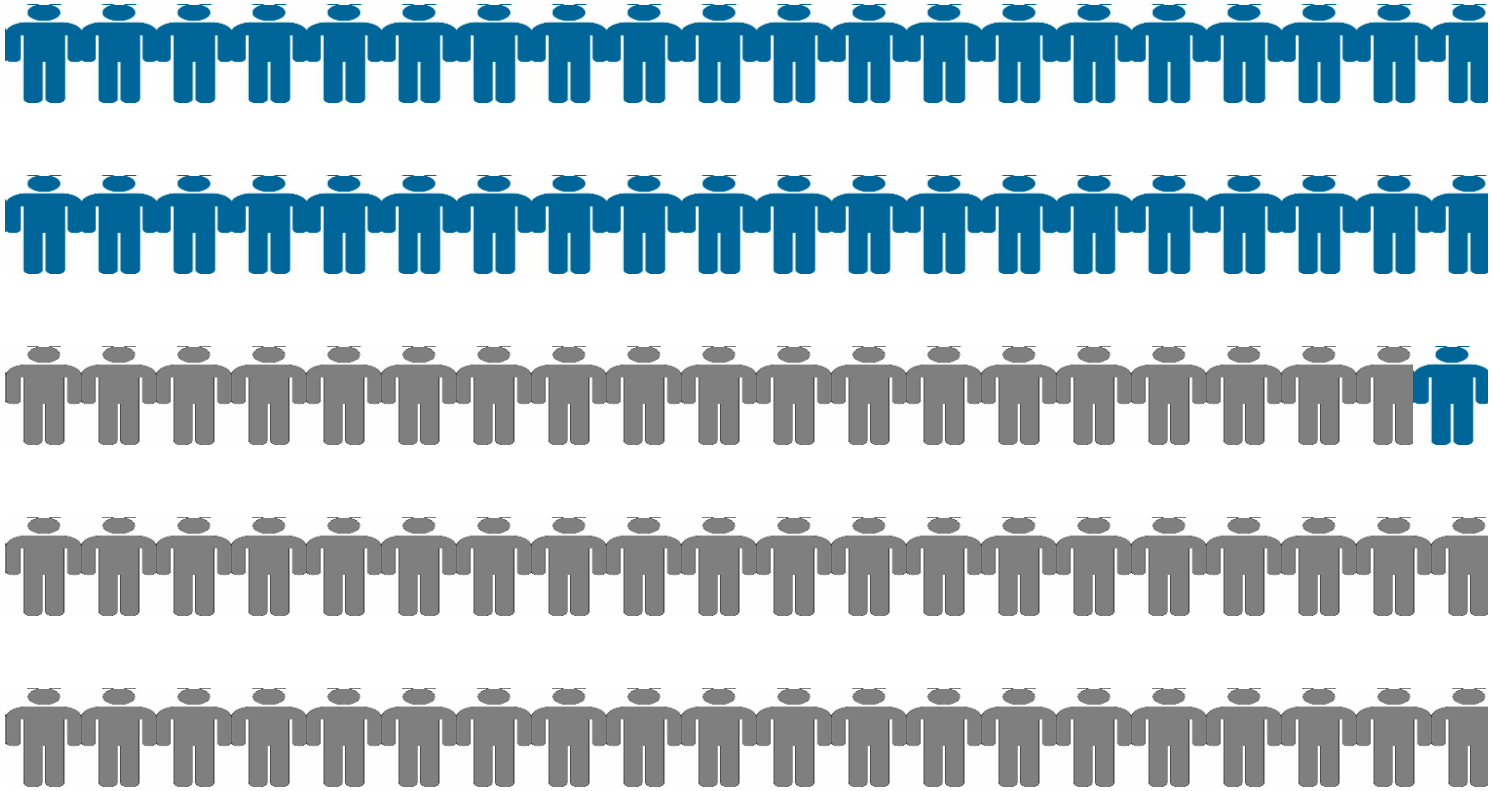
eCQM: CMS130v6 Ages 45- 74

Source: Uniform Data System, 2023

HRSA Health Center Program

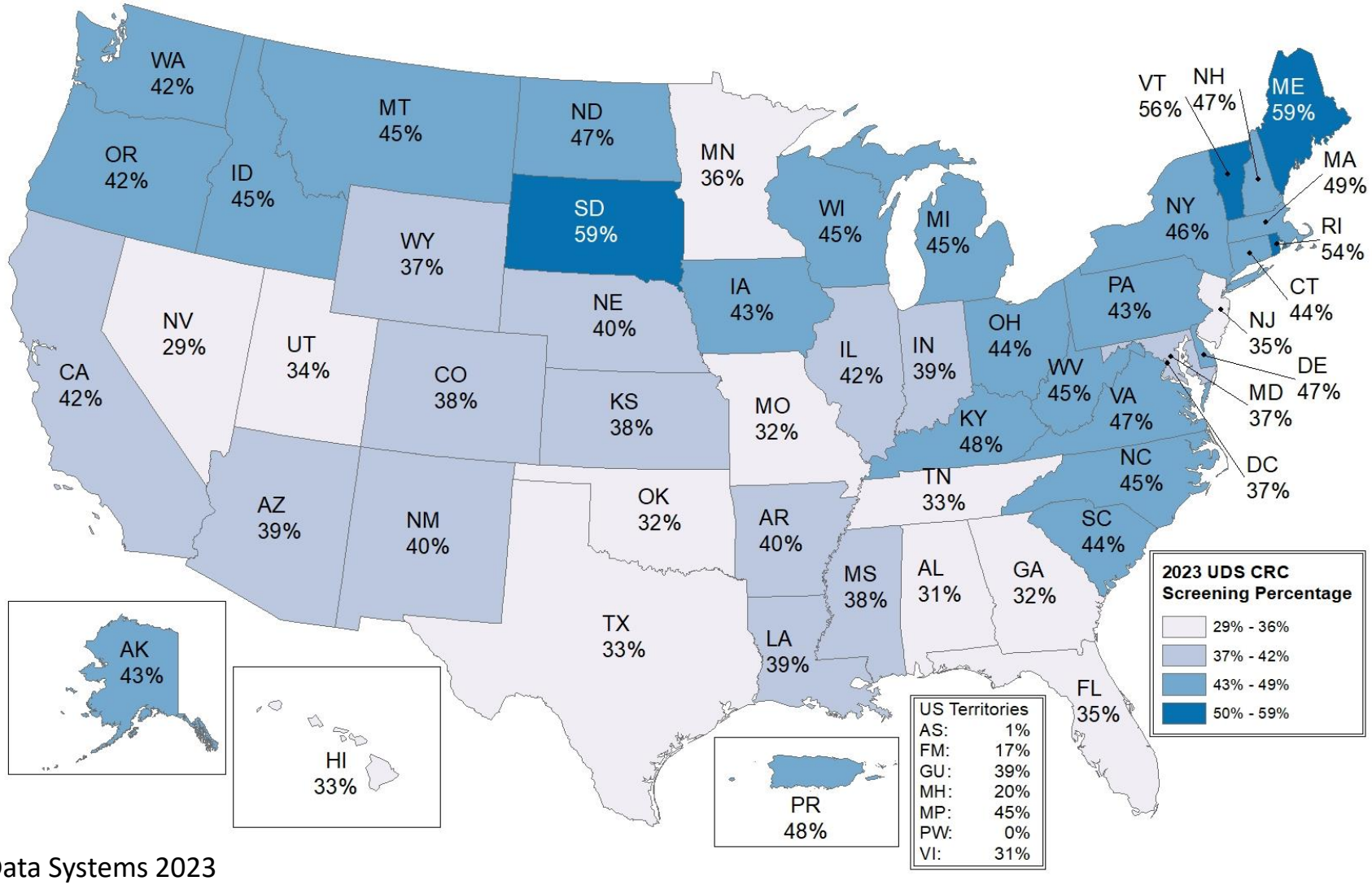
UDS 2023: Colorectal Cancer Screening Percentage

41%



Source: Uniform Data System, 2023

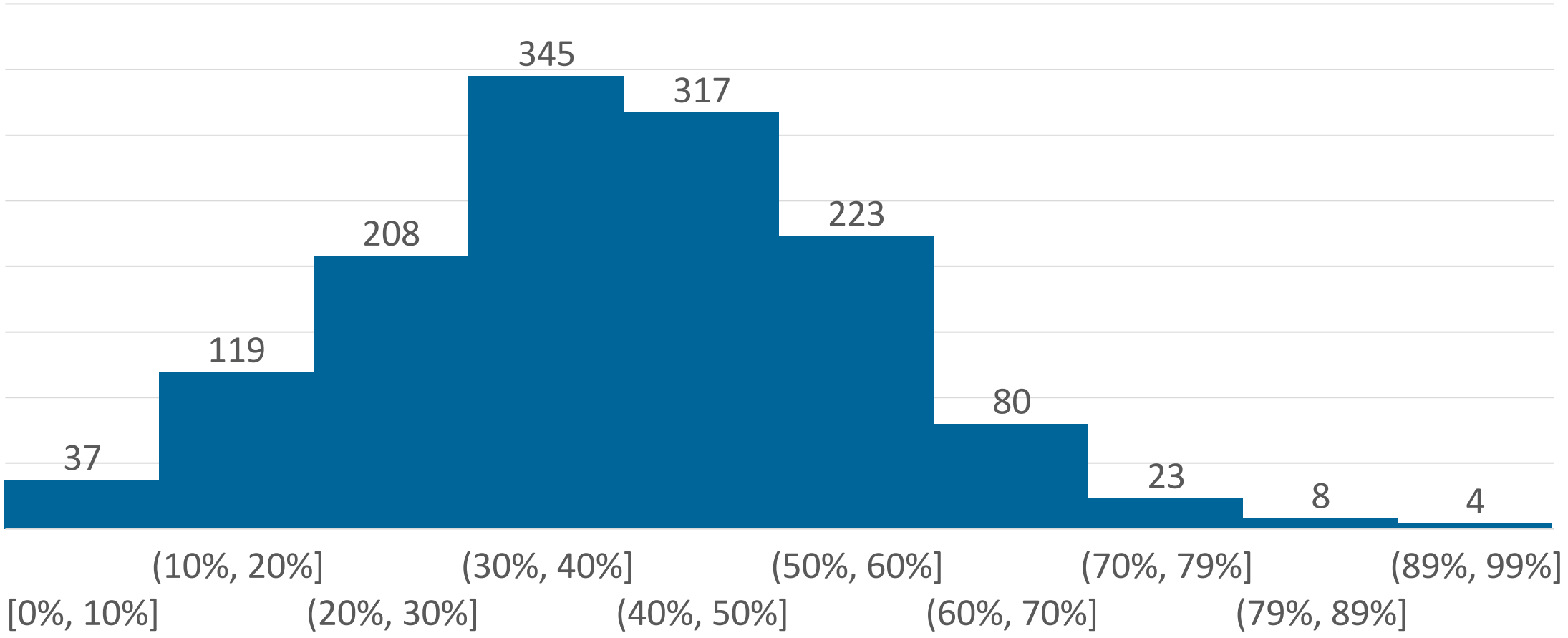
UDS 2023: Colorectal Cancer Screening (41%)



Source: Uniform Data Systems 2023

HRSA Health Center Program

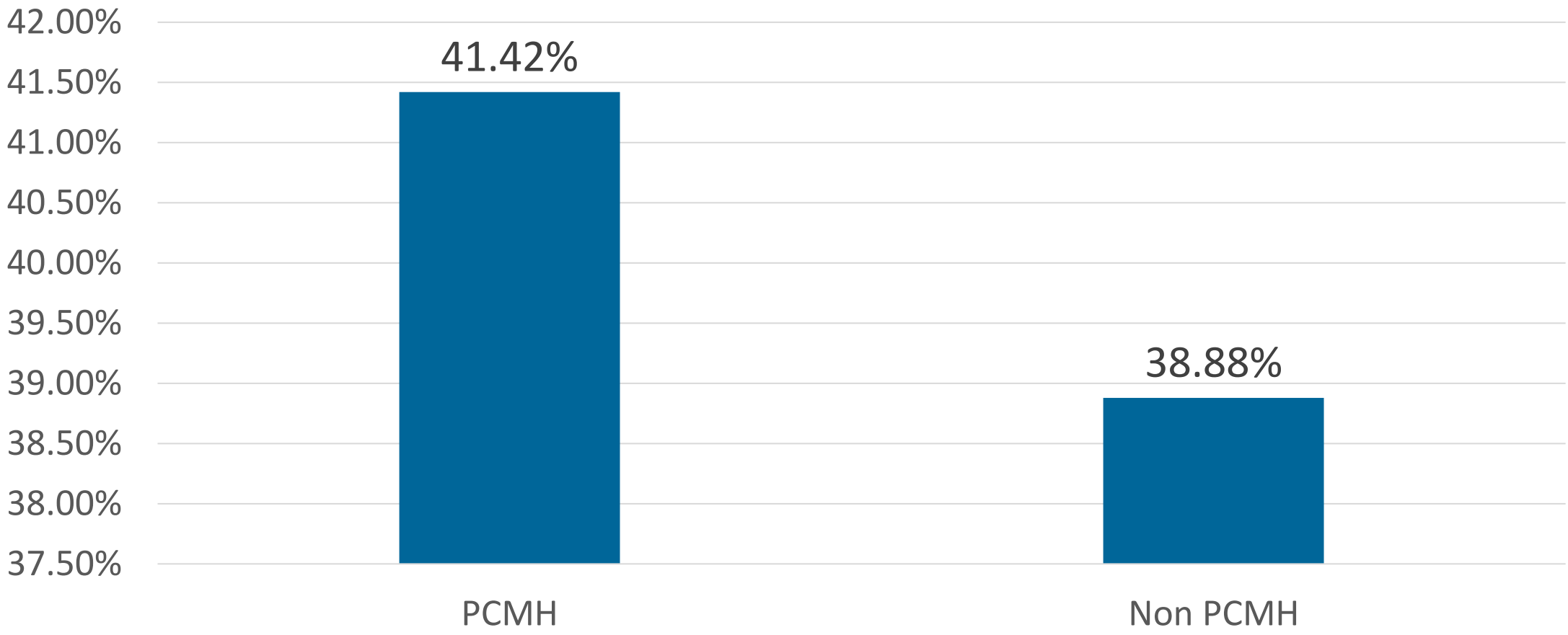
Frequency Distribution of Health Centers by Screening Percentage in 2023



Uniform Data Systems 2023

HRSA Health Center Program

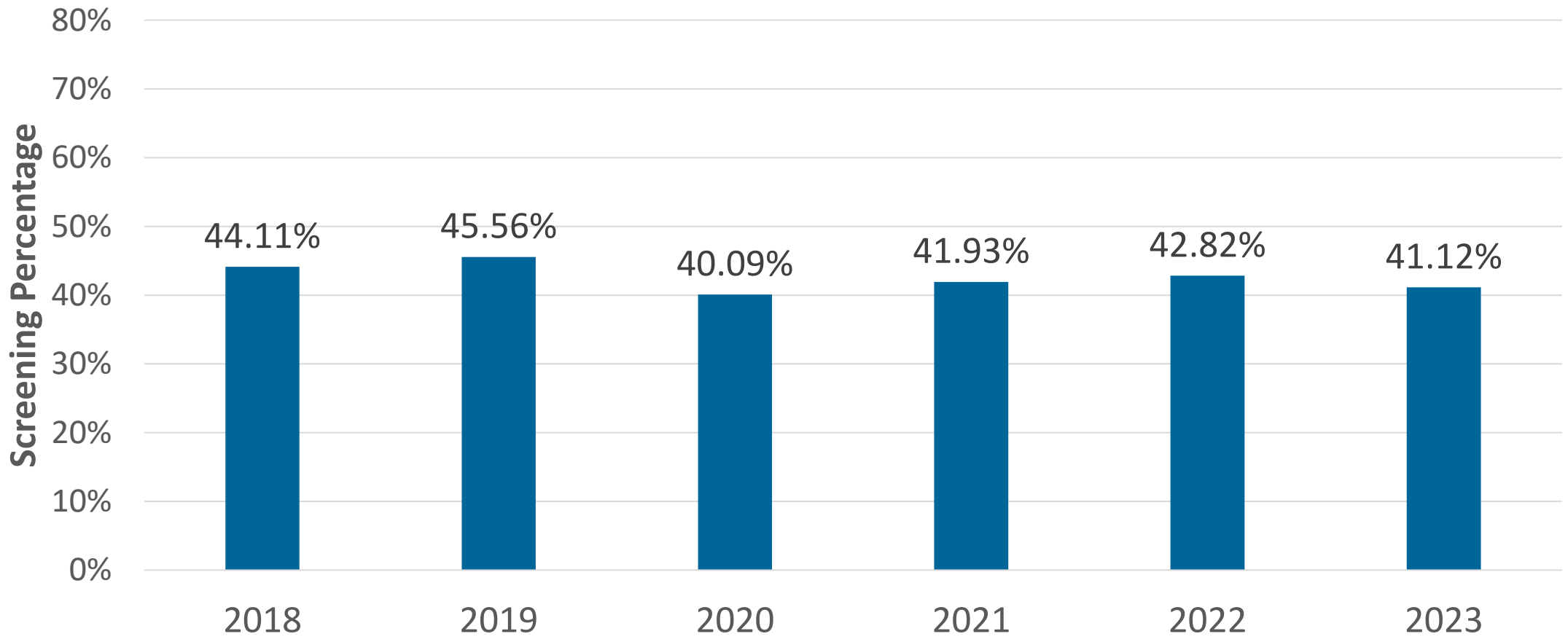
2023 UDS Colorectal Cancer eCQM: CMS130v6
By PCMH status (Health Center Program only)



Source: EHB 2022

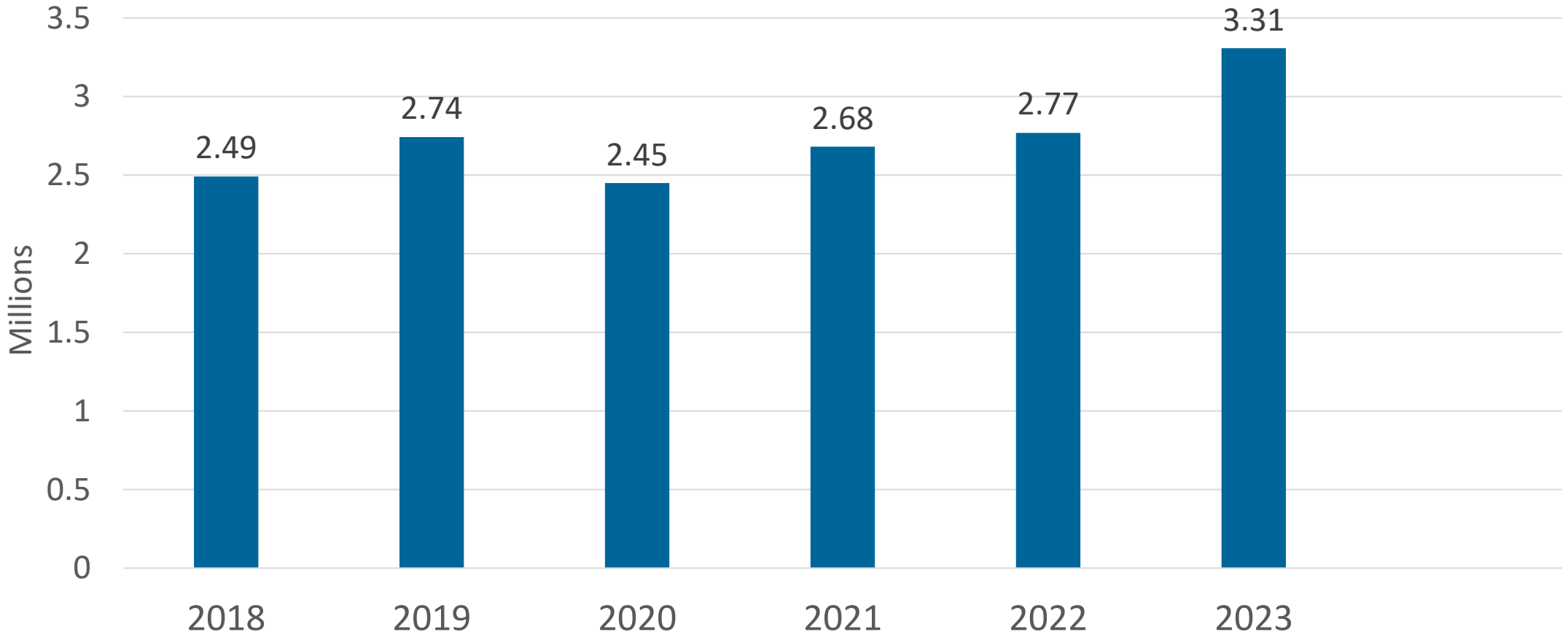
Colorectal Cancer Screening Trends

UDS Colorectal Cancer Screening Rates



Source: Uniform Data System 2018-2023

UDS Colorectal Cancer: Number of Patients screened



Source: Uniform Data System 2018-2023

HRSA Health Center Program

What's Next

FY2024 Accelerating Cancer Screening (AxCS) Award Summary

- **Total Funding**: $9 million
- **Number of Awards**: 18
- **Max per Award**: Up to $500,000 (to spend over 2 years)
- **Project Period :** Two years
- **New Grant Number**: H8I

Awardees Table 1 of 2

Health Center Name	State	NCI-Designated Cancer Center
Neighborhood Health	VA	University of Virginia Cancer Center
Sunset Park Health Council, Inc.	NY	Laura and Isaac Perlmutter Cancer Center
Midtown Community Health Center, Inc.	UT	Huntsman Cancer Institute
Sea-Mar Community Health Center	WA	Fred Hutchinson Cancer Research Center
Institute For Family Health, The	NY	Montefiore Einstein Cancer Center; Tisch Cancer Institute
Stephen F. Austin Community Health Center, Inc.	TX	M.D. Anderson Cancer Center
Centro De Salud De La Comunidad De San Ysidro, Inc.	CA	Moores Comprehensive Cancer Center
Resources For Human Development, Inc.	PA	Abramson Cancer Center of the University of Pennsylvania
Lone Star Community Health	TX	M.D. Anderson Cancer Center

Awardees Table 2 of 2

Health Center Name	State	NCI-Designated Cancer Center
Denver Health And Hospitals Authority	CO	University of Colorado Cancer Center
Peninsula Community Health Services	WA	Fred Hutchinson Cancer Research Center
Operation Samahan, Inc.	CA	Moores Comprehensive Cancer Center
Lower Lights Christian Health Center, Inc.	OH	Ohio State University Comprehensive Cancer Center
Wellspace Health	CA	UC Davis Comprehensive Cancer Center
Comanche County Hospital Authority	OK	Stephenson Cancer Center
Gulf Coast Health Center, Inc.	TX	M.D. Anderson Cancer Center
Healthlinc, Inc.	IN	University of Chicago Comprehensive Cancer Center
Bronx Community Health Network, Inc.	NY	Montefiore Einstein Cancer Center

Increasing Health Equity in Cancer Screening Technical Assistance

- 4 years
- Providing Training and Technical Assistance to the health center program
- Based on learnings from the AxCS cohorts

Questions

Thank You!

Neeraj Deshpande

Quality Division, Office of Quality Improvement (OQI)

Bureau of Primary Health Care (BPHC)

Health Resources and Services Administration (HRSA)

ndeshpande@hrsa.gov

(301) 443-0497

BPHC contact form

bphc.hrsa.gov

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Appendix

Data Table: Health Center Patients

Total	2020	2021	2022	2023
Patients	28,590,897	30,193,278	30,517,276	31,277,341

Source: Uniform Data System, 2020-2023 – Table 3B, UDS Rollup Report, Health Center Site Information, Form 5

Data Table:UDS 2023: Colorectal Cancer Screening (41%)

State	Percentage
AK	43%
AL	31%
AR	40%
AS	1%
AZ	39%
CA	42%
CO	38%
CT	44%
DC	37%
DE	47%
FL	35%
FM	17%

State	Percentage
GA	32%
GU	39%
HI	33%
IA	43%
ID	45%
IL	42%
IN	39%
KS	38%
KY	48%
LA	39%
MA	49%
MD	37%

State	Percentage
ME	59%
MH	20%
MI	45%
MN	36%
MO	32%
MP	45%
MS	38%
MT	45%
NC	45%
ND	47%
NE	40%
NH	47%

State	Percentage
NJ	35%
NM	40%
NV	29%
NY	46%
OH	44%
OK	32%
OR	42%
PA	43%
PR	48%
PW	0%
RI	54%
SC	44%

State	Percentage
SD	59%
TN	33%
TX	33%
UT	34%
VA	47%
VI	31%
VT	56%
WA	42%
WI	45%
WV	45%
WY	37%

Data Table: Frequency distribution of health centers by screening percentage

Percentage range	Number of health centers
0-10	37
10-20	119
20-30	208
30-40	345
40-50	317
50-60	223
60-70	80
70-80	23
80-90	8
90-100	4

American Cancer Society | NATIONAL COLORECTAL CANCER ROUNDTABLE

Thank You