

## PUBLIC HEALTH PROGRAM SURVEY- Chronic Disease

### Contact Information

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**Short Title:** Free Colorectal Cancer Screening Program

**Program Location:** Michigan

### Objectives and Goals:

The Michigan Colorectal Cancer Screening Program (MCRCSPP) provides free colorectal cancer screening to asymptomatic low-income, underinsured and uninsured individuals in three northern Michigan public health jurisdictions.

### Methods:

MCRCSPP is implemented in 15 counties with higher than average colorectal cancer deaths. The Michigan Department of Community Health financially supports the MCRCSPP's administration, screening, and follow-up of abnormal screening results. Treatment, if needed, is generously provided through collaboration with community partners.

Clerical, health educator, and nursing staff at sites serve as patient navigators. MCRCSPP clients receive:

- 20-minute one-on-one risk assessment
- Explanation of how to use the FOBT kit
- Stamped envelopes provided in which to return the FOBT kit
- Reminder phone calls each month to clients that had not returned their kits
- Immediate referral of high risk clients to a community physician for colonoscopy

The Patient Navigation efforts were successful in the Michigan Colorectal Cancer Screening Program. The overall colorectal cancer screening completion rates were 83% in 2007-2008.

### Program Length:

2005 - Present

**Number of target population reached by effort:**

509 for the 2008-2009 fiscal year

**Demographic Info:**

MCRCSF participants must:

- Have an income  $\leq$  250% of federal poverty level
- Be uninsured or underinsured
- Be age 50 - 64 years
- Be asymptomatic for colorectal cancer

**Overall Cost:**

Approximately \$300,000

**Funding Sources:**

100% State

Percentages are not estimates.

**Outcomes:**

During 2007-2008, the MCRCSF had positive outcomes for the men and women served that include:

- 80% of enrollees completed recommended screening.
- 78% (364 of 468) of the clients returned fecal occult blood test (FOBT) kits.
- 89% (87 of 98) of the clients referred for colonoscopy completed their scheduled procedure.

Since its inception in 2005, nearly 1,200 people have enrolled in the MCRCSF, with more than 200 polyps removed, and 2 cancers diagnosed. This impact is magnified by in-kind donations from health care facilities and providers totaling over \$262,140.

**Did you make any estimates regarding costs deferred, outbreaks averted or deaths prevented?**

Screening for colorectal cancer not only detects the disease at an early, curable stage, but it can also prevent the cancer from occurring by finding and removing polyps (precancerous growths) that might become cancer. Ninety percent of people diagnosed with colorectal cancer at an early stage survive the disease.

Colorectal cancer screening saves money:

- \$1,000 = Cost for colorectal cancer screening and polyp removal.
- \$30,000 = Cost for colorectal cancer treatment for early cancer diagnosis
- \$25,500 = Potential cost savings in uncompensated care per uninsured cancer case.

**Additional Information:**

- Partnerships continue to provide clinical and support services at each screening site. These include physicians, health care facilities, health clinics, community health plans and local chapters of the American Cancer Society, Great Lakes Division Inc.
- Because the project funds could not cover all costs for colonoscopies and other associated procedures, partners provided services at reduced cost. Facilities and physicians provided a total of \$84,475 of in-kind clinical services to the three screening sites during 2007-2008.
- Targeted mailings, clinic encounters, health fairs, and person-to-person outreach continued to be the most successful methods for recruiting clients. The screening sites were also successful in enrolling existing clients from other health agency programs.

**Future Plans:**

State dollars are used to fund the MCRCSP in its entirety. Plans are in place to continue this effort as long as state funding remains. It is expected that funds will be reduced due to Michigan's state budget deficit, which will require the program to be restructured. Michigan will continue to apply for federal and other sources of funding to support the program, when available.

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