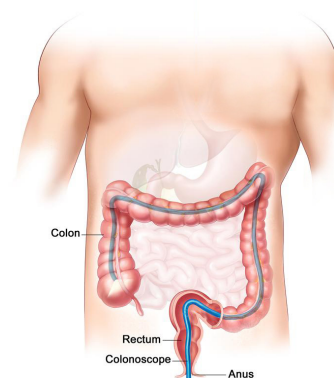


Urban Indians and Colorectal Cancer

What Policymakers Can Do

Colorectal cancer (CRC) is the third most commonly diagnosed cancer and the second leading cause of cancer deaths in the United States. Disparities and lack of insurance play a significant role in these staggering statistics, as these factors often impede access to colon cancer screening tests, which would detect the disease at an earlier, more treatable stage or even prevent it before it starts.



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Why Urban Indians?

- 67% of American Indians/Alaska Natives (AI/AN) live in urban areas.
- Many urban AI/AN access health care through Urban Indian Health Organizations (UIHOs).
- Fear, lack of insurance, embarrassment and discomfort with the screening are the main barriers to screening. Providing screening through an UIHO reduces these barriers to screening.
- AI/AN are more likely to be diagnosed at later stages, when cancer is most difficult to cure.
- Only 46% of AI/AN in UIHO service areas have been screened for colon cancer, compared with 60% of Caucasians (Behavioral Risk Factor Surveillance System 2003-2007).

CRC Screening Saves Money

- Colorectal cancer screening is cost effective! Population-based screening and early detection of CRC is a more effective use of funds than treating CRC at later stages. CRC screening can be even more cost effective than even breast and cervical cancer screening.
- The treatment cost for a patient who has developed late stage colorectal cancer is estimated at \$120,000.
- Annual CRC screening by Fecal Occult Blood Test (FOBT) tests cost \$30-\$60/year.

CRC Screening Saves Lives

- Colorectal cancer is a common, lethal, and preventable disease.
- When diagnosed early, colon cancer has a five-year survival rate of 90%.
- When diagnosed late, allowing cancer to spread to distant organs, the five-year survival rate is only 10%.
- Colonoscopies can identify and remove pre-cancerous cells before cancer begins.
- Indian Health Service data reveals low rates of colorectal cancer screening.
 - FOBT screening rates are consistently less than 10 % for most areas of Indian Health Service.
 - Sigmoidoscopy and/or colonoscopy are consistently less than 5%.

Solutions

- **Advocate for increased funding for screening, diagnosis and treatment of colorectal cancer.**
- **Join forces with your state Comprehensive Cancer Control Program and other CRC partners.**
- **Remember to include Tribal and Urban Indian Health Organizations in CRC planning efforts, policies, and programs in your state.**

**Urban Indian
C.A.R.E.S.**
(Colon and Rectal
Education and Screening)



“Early screening is a smart investment; We must provide access to screening for everyone, especially for those who have no health care coverage. Let's make this a priority and work together to fight this disease”

—Rep. Phyllis Guitierrez Kenney, Washington State House of Representatives¹

Resources For Screening

- Talk to your Department of Health to learn more about your state’s comprehensive cancer plan and its focus on colorectal cancer screening and funding.
- Learn more about the CDC’s pilot screening programs throughout the country and grants made to states.
- Read the Preventing Colorectal Cancer Toolkit, which includes background information for policymakers and cost-effective prevention strategies for states: www.healthystates.csg.org/Public+Health+Issues/Cancer
- Advocate for federal legislation such as CRC Early Detection, Prevention & Treatment Act (H.R. 1738)

For More Information

- **Screen for Life** – CDC’s National Colorectal Cancer Action Campaign health education materials, including materials targeted at AI/AN communities: www.cdc.gov/cancer/screenforlife. 800-CDC-INFO
- **Cancer Control P.L.A.N.E.T** – data and resources for the design, implementation and evaluation of evidence-based cancer control programs: <http://cancercontrolplanet.cancer.gov>
- **Native American Cancer Research (NACR)** – AI/AN-focused resources for health educators, providers, cancer survivors and caregivers: www.natamcancer.org. 800-537-8295
- **C3: Colorectal Cancer Coalition** - a non-profit, nonpartisan advocacy organization that fights colorectal cancer through research, empowerment and access: fightcolorectalcancer.org/
- **Native C.I.R.C.L.E.** – culturally appropriate cancer educational materials for AI/AN educators, providers and students: www.nativeamericanprograms.org, 877-372-1617
- **Prevent Cancer Foundation** - prevention and early detection through research, education and community outreach to all populations, including children and the underserved. <http://www.preventcancer.org/>

About Us

Urban Indian C.A.R.E.S. (Colon and Rectal Education and Screening) promotes education, testing and treatment of colorectal cancer for urban AI/AN through the Urban Indian Health Organizations nationwide. Contact us at info@uihi.org for more information.

“People heal from other people who have experienced cancer, from their knowledge, strength & hope.”

—Karen, colorectal cancer survivor

About Our Logo

Az Carmen, Ph.D., (Chickasaw) developed the C.A.R.E.S. logo after her husband’s cancer was prevented with colorectal screening. Her drawing shares her personal experience and shows how colorectal cancers are experienced not just by the patient, but by the entire family. The experience of colorectal cancer is tied to life, health and family.

¹From <http://www.endcoloncancernow.org/leaders/index.html> (accessed 2/6/09)

