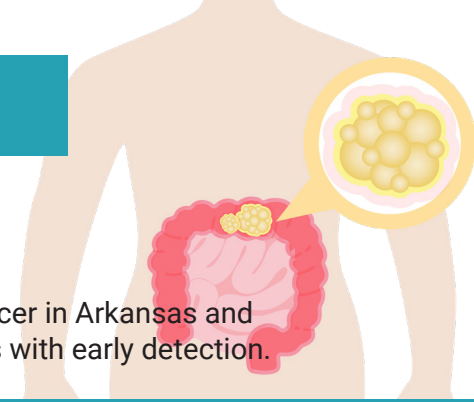


COLORECTAL CANCER IN ARKANSAS



Colorectal cancer (CRC) is the 3rd most diagnosed and deadliest cancer in Arkansas and the U.S. among men and women.¹ Screening prevents CRC and helps with early detection.

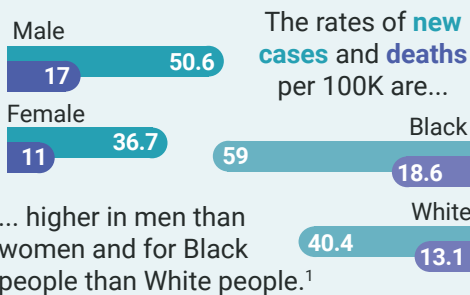
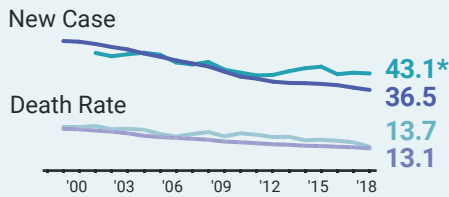
1,500 Arkansas will be newly diagnosed with CRC, and 500 Arkansans will die, in 2021.²

From 2014 to 2018, Arkansas ranked ¹:

5th in highest rate of new CRC cases in the U.S.

8th in highest rate of CRC deaths in the U.S.

Arkansas's CRC new case and death rates per 100K are above U.S. rates.¹



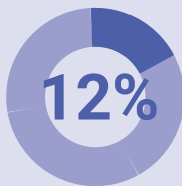
57.5% of the 1,528 new CRC diagnoses in 2017 were **late-stage**.³



Screening is the key to reducing CRC new cases and deaths.^{4,5}

23,182 (or 5%) of Arkansans ages 50–75 enrolled in commercial, traditional Medicaid or Arkansas Works, or Medicare coverage **had stool-based tests** in 2017.

2,780 (12%) of these individuals **had follow-up colonoscopies**.³



In 2021, Arkansas law and the USPSTF** **lowered the screening age range** from 50–75 to 45–75 years.

45 years screening age

Based on this change:

2,429 Arkansans ages 45 to 49 are expected to have stool-based tests.

304 of these will have follow-up colonoscopies.³

Despite increased accessibility, CRC screenings remain low compared to breast and cervical cancer screenings.

Barriers to screening include:

- financial barriers, such as cost-sharing or lack of health coverage
- failure to recommend screening by providers
- transportation.
- language barriers
- patient fear⁶

Removing financial barriers such as cost-sharing is an effective way to improve screening.^{7,8}

Starting on January 1, 2022, most Arkansans ages 45 to 75 will no longer have out-of-pocket costs for follow-up colonoscopies.

Why is this important?



3 out of 5

eligible Arkansans*** who had a follow-up colonoscopy had cost-sharing in 2017.³

A study among Medicare enrollees found that removing the 20% coinsurance for a colonoscopy with a polyp removal or a follow-up colonoscopy would be **cost effective** if the screening rate increased by only 0.6 percentage points, from 60% to 60.6%.⁷



Other states, such as Texas and Rhode Island, have also eliminated cost-sharing for these procedures.

¹⁻⁸ Visit <https://achi.net/library/colorectal-cancer-disease-in-arkansas/> for these references. | *1999 and 2000 data are suppressed. | **U.S. Preventive Services Task Force. | ***Arkansans ages 50 to 75 enrolled in commercial, traditional Medicaid or Arkansas Works, or Medicare coverage.

TIPS FOR CREATING AN ADVOCACY INFOGRAPHIC FOR COLORECTAL CANCER POLICY CHANGES

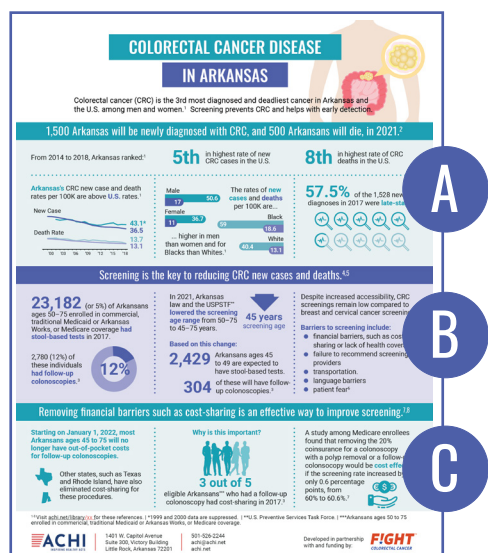
Infographics are useful tools that tell a visual narrative using data, graphics, and concise messages. They are used to display complex information in a brief and easy-to-understand format. This tip sheet is intended to help organizations develop content for infographics that can be used for the advocacy of colorectal cancer (CRC) screening policy changes.

CRC Advocacy Infographic Tips

1. When thinking through what to include in the infographic, first identify the intended audience. This will help inform what level and type of information to include.
2. Develop the the key messages you want the intended audience to take away from the infographic. In the example infographic below, the goal is to show that evidence indicates Arkansans are suffering and dying from CRC, screening is effective as a preventive measure against CRC, and a promising way to improve screening is by removing cost-sharing for follow-up colonoscopies. The key messages are:
 - "1,500 Arkansans will be newly diagnosed with CRC, and 500 Arkansans will die, in 2021."
 - "Screening is the key to reducing CRC new cases and deaths."
 - "Removing financial barriers such as cost-sharing is an effective way to improve screening."
3. Fill in the infographic with data and information that logically flow with the key messages. The flow in the example infographic below begins with a visual portrayal, with data, of the impact and severity of CRC among Arkansans and sub-populations and provides comparisons to the U.S. Next, the infographic discusses current recommendations and the state of screening in Arkansas. Lastly, the infographic concludes with information about how the removal of cost-sharing can benefit Arkansans.
4. Use reliable data sources for the visualizations. See the section "Sources for Colorectal Cancer Disease and Screening Data" for some CRC sources.
5. Use plain language and simple graphics and charts to make the infographic easy to understand.

Content Ideas

In this section, ideas for content to fill in the infographic after the key messages are developed are shared using the example infographic.



A. CRC DISEASE FACTS AND DATA

- How do your state's CRC incidence and mortality rankings compare to other states and the U.S. as a whole?
- What is the trend of CRC incidence and mortality in your state and compared to the U.S.?
- Are there existing studies by your local health department, educational institutions, and/or cancer research/advocacy organizations that can be included?
- Does CRC disproportionately impact certain sub-populations?
- What portion of the population with a diagnosis has late-stage CRC?

TIPS FOR CREATING AN ADVOCACY INFOGRAPHIC FOR COLORECTAL CANCER POLICY CHANGES (CONT.)

B. CRC SCREENING FACTS AND DATA

- What are the current U.S. Preventive Services Task Force recommendations and the state laws regarding CRC screenings?
- What is the screening rate in your state?
- What are the barriers to screening?
- What types of screening are most utilized in your state and/or in the U.S.?
- What types of screenings are available?

C. DESIRED POLICY CHANGES

- What policy changes to screenings are you advocating for?
- What are the benefits to increased screenings?
- What are the benefits of each policy change, e.g., cost-effectiveness?
- Are there existing literature and/or evidence that show the policy changes are promising approaches?
- Have these policy changes been implemented in other states?

Sources for Colorectal Cancer Disease and Screening Data

1. **Behavioral Risk Factor Surveillance System** for national- and state-level CRC screening rates. The most current year of data is 2018.
Link: <https://www.cdc.gov/brfss/brfssprevalence/>
2. **Cancer Statistics At a Glance Data Viz** tool by the Centers for Disease Control and Prevention. National-, state-, and county-level data on numbers, rates, and trends of new cancer cases and cancer deaths are available for years 2014–2018. Demographic data are available by sex, and race/ethnicity.
Link: <https://gis.cdc.gov/Cancer/USCS/#/AtAGlance/>
3. **Cancer Statistics Center** by the American Cancer Society. National and state data on numbers and rates of new cancer cases and cancer deaths are available. The most current years of data are 2021 for new cancer and cancer deaths, 2013–2017 for incidence rates, and 2014–2018 for death rates. Demographic data are available by sex.
Link: <https://cancerstatisticscenter.cancer.org/#/>
4. **State Cancer Profiles** by the National Cancer Institute. National-, state-, and county-level data on numbers, rates, and trends of new cancer cases and cancer deaths are available. The most current years of data are 2014–2018 for incidence rates and 2015–2019 for death rates. Demographic data are available by age, race, and sex.
Link: <https://statecancerprofiles.cancer.gov/index.html>