

Section I. Executive Summary, Honors, and Partnership Changes

Awards and Celebrations.

During 2007, we held our **Third Annual Cancer Conference**. Nebraska C.A.R.E.S recognized two partners: Mary Jo Gillespie and Stephan J. Dreyer, M.D., F.A.C.S., who were nominated by other partners to receive certificates of appreciation for their contributions to Nebraska C.A.R.E.S. The conference planning committee included: Alan Thorson MD, Amber Leed-Kelly, Connie Wittman RN, Janelle Jacobson, Jennifer Dunavan, June Ryan, Lynn Borstelmann RN, Mary Jo Gillespie, Renee Massie and Stacie Saracio.

The overall theme for the conference was *survivorship*. After the welcome by Dr. Thorson, Nebraska CARES Chairman and Dr. Joann Schaefer, Chief Medical Officer and Director, Division of Public Health, Nebraska Department of Health and Human Services, we heard from a panel of survivors and a caregiver: Mary Morris, Julie Stanek, and Keith Hansen, and ended the day with June Eilers, talking about cancer care plans. In between, we focused on cancer rehabilitation, pain management, hospital survivorship programs, the National Community Cancer Center Program, identifying and managing cancer risk. **Richard Wender, MD, National President, American Cancer Society**, our keynote speaker, challenged us to consider cancer as a chronic disease. 2007 was the first year that we invited a keynote speaker from outside Nebraska.

We held our **Fifth Annual Cancer Center Meeting** in conjunction with the Annual Cancer Conference. As in previous years, this meeting was convened by the American Cancer Society, the American College of Surgeons Commission on Cancer and CARES. The meeting, hosted by the UNMC Eppley Cancer Center, was preceded by tours of the facility. Earlier in the year, Stephen J. Dreyer, M.D., F.A.C.S, replaced Alan Thorson, M.D., F.A.C.S. as Nebraska's new CoC Physician Liaison. Dr. Dreyer invited the following physicians to discuss quality care indicators related to treatment of breast and colorectal cancer: James Commers, MD, Ken Cowan, MD, Mark Hartman, MD, Elizabeth Reed, MD, and Edibaldo Silva, MD. The meeting was attended by 29 persons representing 9 cancer centers.

We continued to work with national partners: the American Cancer Society, American College of Surgeons Commission on Cancer, C-Change, City of Hope, ENACCT, National Cancer Institute Cancer Information Service, Prevent Cancer Foundation, Intercultural Cancer Conference, and Lance Armstrong Foundation.

We continued to work collaboratively with the Northern Plains Comprehensive Cancer Control Program that serves four Nebraska Native American Tribes. We participated in developing the Northern Plains Cancer Plan, presented it to local Tribal communities, and collaborated to host a Cancer 101 Workshop.

Staff Changes

Brian Coyle, M.P.H. replaced Michael Ray, MA, at the Cardiovascular Health Program in December. He works closely with Holly Dingman, R.D., M.S., nutritionist, in offering assistance and consultation on physical activities to Nebraska HHSS chronic disease programs including Nebraska CARES.

Current Partners:

Our current partners contributed 3709 hours valued at \$317,771! THANK YOU!!

New Partners:

We continue recruiting new partner organizations and their representatives. Major growth was through organizations involving more staff in projects, work groups and activities. As in the past, our partners participate at various levels--some attend meetings, some review documents, emails, and other communications, and some come forward to work on specific projects. All partners and levels of participation are welcome and needed. A current list of partner organizations is posted on our website: www.dhss.ne.gov/NebraskaCARES/. Please let us know if you believe your information is incorrectly listed. We are excited that our partnership continues to grow; ***we challenge each partner to become involved in at least one implementation activity during 2008!***

Section II. Performance Indicators

For the first time in 2007, CDC required comprehensive cancer control programs to report on a set of performance indicators. The report sent to CDC was 97 pages long! Highlights follow.

- Nebraska CARES is comprised of 164 groups and organizations and 330 individual partners.
- CARES has representation in 28 different categories of organizations out of 33 suggested by CDC. Our individual partners are from these agencies and organizations:

Academia	3	Government agencies	48
Academic medical center	35	Minority organizations	7
Business/insurance	10	Native American Tribes	22
CCC programs	6	Professional associations	11
Community agencies	12	Professional offices	22
Community cancer center	72	Professional organizations	23
Community hospitals	3	Public health	53

Note: CDC divided their “sectors” into smaller groups and did not include many organizations that CARES includes, e.g. local health departments.

- CARES operates on a statewide rather than regional basis as some other states operate.
- CARES has partners in the following cities, towns, and villages:
Auburn, Blair, Burwell, Clay Center, Columbus, Crete, Dakota City, David City, Elkhorn, Fremont, Gering, Grand Island, Hastings, Hemingford, Holdrege, Kearney, Lincoln, Macy, McCook, Niobrara, Norfolk, North Platte, Omaha, O’Neill, Osceola, Papillion, Ralston, Scottsbluff, Sioux City, St. Libory, Waterloo, Wayne, Winnebago, Wisner, and York. In addition, we have partners in Kansas City, KS, Kansas City, MO, Aberdeen, SD, Atlanta, GA, and Alexandria, VA. Our Omaha partners live in Blair, Chalco, Elkhorn, LaVista, Papillion and Ralston.
- CARES did not complete a partner satisfaction survey during 2007 but did prepare a cancer burden report. It is attached.
- CARES was supported in the following ways during 2007:
 - \$255,000 CDC Grant
 - \$ 47,000 Other cash contributions (C-Change, ACoS CoC, ACS, PCF)
 - \$311,771 Partner in-kind commitment--includes \$51,852 support letter commitment
This was primarily staff resource time for state plan implementation
This translates into 5196.5 hours of partner time.
 - \$613,771 Total partner and other contributions (estimated)**
- Our staff positions remained filled during 2007; staff traveled 55,121 miles.
- We estimate that 80% of our partner organizations were engaged in implementing at least one intervention that supports state plan implementation.
- We also estimate that 55 of 60 (or 92%) objectives were addressed in 2007. Many of these activities are ongoing with some progress being made each year.
- The majority of our state plan implementation strategies addressed during 2007 were evidence-based strategies. We will want to work harder at more clearly defining strategies in our next state plan.

Section III: 2007 Plans and Accomplishments

Plan: We will continue to expand and maintain the Statewide Partnership.

Accomplishments: Our Partnership grew from 294 in December 2006 to 330 in December 2007.

Plan: We will maintain program staffing levels; we will work with students.

Accomplishments: June Ryan, Jennifer Dunavan and Janelle Jacobson continue to staff the CARES program. We again leveraged our funding to support the nutritionist position held by Holly Dingman and the physical activity position held by Brian Coyle. We supported a student intern, Randall Jantzen from January through May. Following his May graduation, Randall accepted a position with the American Cancer Society in Lincoln and thus remains connected with CARES! Holly worked with UNL on a student project, and continues to work with one of the students who is implementing the project.

Plan: We will hold two Partnership meetings and four Advisory Committee meetings in 2007.

Accomplishments: We held a spring Partnership meeting on April 1. Attendees of the 2006 Leadership Institute presented a mini-Institute, sharing information and the CARES plan developed during the Seattle Institute. Topics included: clinical trials, colorectal cancer, palliative care, survivorship, tobacco and workforce. We held our Annual Cancer Conference in October and Advisory Committee meetings in June, September and November—our March meeting was cancelled due to winter storms. We implemented bylaws and continued to implement activities aimed at achieving our state plan goals and objectives.

Plan: We will apply for CDC continuing funding to support State Plan implementation and supplemental funding to support screening for colorectal, prostate and skin cancers.

Accomplishments: We applied for CDC funding for plan implementation; like many states, our funding was cut to \$255,000 from the previous \$299,000 with \$255,000 being the new “funding cap.” We applied for but did not receive funding for colorectal and prostate cancers. We applied for and did receive \$30,000 to support skin cancer screening. That project will be implemented May through August 2008. We received letters of support and offers of in-kind contributions as noted earlier. We partnered with Northern Plains in seeking a grant valued at one million dollars which was received. We continued to partner with the Office of Women’s and Men’s Health to support the colorectal cancer project valued at about \$600,000 annually. We partnered with other Nebraska Health and Human Services agencies to fund local health departments for implementation of evidence-based public health strategies. Seven local health departments were funded.

Plan: We will continue to support work group activities through administrative support and \$10,000 mini-grants to each of the 10 work groups. We will seek in-kind and other resources from partners and others.

Accomplishments: Our reduced funding meant that work groups did not receive any funding during 2007. Partner in-kind contributions allowed many partners to participate in plan implementation activities.

Plan: We will provide networking and educational opportunities for partners through attendance at national meetings and conferences. We believe this will benefit Nebraska CARES through new ideas and strategies.

Accomplishments: We supported partner participation at the following meetings and conferences (staff number in parenthesis): National Dialogue for Action-5 (4); Hope Survivorship Conference-2; Northern Plains Cancer 101 Meeting- 16 (3); Biennial Cancer Conference (3); St. Louis University sponsored Evidence Based Training (1) ; National CIS Meeting (1), and Spirit of Eagles (1).

Plan: We will provide evidence-based strategies training to local health departments.

Accomplishments: We provided EB- Training to seven local health departments eligible for DHSS agency funding; all seven of the departments were funded. We also participated in providing EB Training to five Division of Public Health, Disease Prevention and Health Promotion staff within Nebraska HHSS.

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Plan: We will continue to work toward achievement of cancer-related goals and priority objectives.

Accomplishments: The following section offers highlights of the work groups over the past year.

Plan: We will revise and implement an evaluation plan based on CDC requirements and guidelines.

Accomplishment: We revised our previous plan to meet new CDC requirements and submitted it to CDC. The plan incorporated performance indicators that are being tested by CDC

Plan: We will continue to work toward achievement of cancer plan goals and priority objectives.

Accomplishments: The following section offers highlights of the work groups over the past year.

Section III: Work Group Reports

Eliminating Cancer Disparities Janelle Jacobson, Leader

- Participated in TFN Tobacco Disparities and UNMC Cancer Disparities Work Groups.
- Assisted in offering Women, Tobacco and Cancer activities for Hispanic women in Omaha.
- Developed and shared consumer health profiles re: breast, cervical and colon cancer.
- Completed geographic disparity studies on diagnosis and on treatment.
- Arranged for Super Colon in Kearney and Omaha in March 2008
- Supported or participated in numerous Native American projects
 - Winnebago Tribe Community Needs Assessment w/ UNMC, NP CCCP
 - Northern Plains CCC Program Screening/Early Detection and Prevention Work Groups
 - Native American Cancer Conference—November 13 and 14, 2007
 - Northern Plains Disparities Urban American Breast/Cervical Screening grant application
 - Health Promotion Among Racial and Ethnic Minority Males (R21) grant application
 - Introduced “Lunch and Learn” Events at Fred LeRoy Health Center

Key partners: AATCHB and Northern Plains CCC Program; ACS, CoC, CDC, Cancer Centers and Health Systems: (Alegent, Creighton, Methodist, UNMC and Eppley Cancer Center); Fred LeRoy Health Center, NCI/CIS, NPCCCP, Omaha, Ponca, Santee Sioux, and Winnebago Tribes, South Omaha Community Care Council, TFN, EWM, WiseWoman, Lincoln Lancaster County Health Department, Douglas-Sarpy Colon Cancer Task Force, Lincoln Lancaster Crusade Against Cancer, Native American Cancer Research (NACR), Nebraska Urban Indian Health Coalition, TFN work group, UNMC College of Public Health, UNMC CPH Center for Reducing Health Disparities, UNO, UNMC and Eppley Cancer Center.

Reducing Cancer Risks through Tobacco Control Kathy Burklund, Leader

- Supported Women, Tobacco and Cancer Symposia follow-up projects in Omaha.
- Implemented C-Change project for enhancing collaboration and addressing sustainability.
- Developed and implemented tool kit on tobacco free campuses w/ NE Hospital Association; began working on hospital policies and programs re: tobacco cessation for inpatients.
- Planned Lung Cancer Symposium for January 22, 2008 w/ ACS, TFN and other partners.
- Supported implementation of TFN fax referral form for persons wanting to quit tobacco use.

Key Partners: AATCHB, ACS, NCI/CIS, CDC, Tobacco Free Nebraska, NE Medical Association, NE Hospital Association, NE Health Ministries, UNMC College of Public Health, all cancer centers, all hospitals, Fremont Area Medical Center Cancer Center, selected local health departments, Fred LeRoy Health Center, Alegent Health System, St. Elizabeth's, Bryan/LGH, Methodist, Creighton, UNMC and Eppley Cancer Center.

Reducing Cancer Risks through Healthy Lifestyles-Nutrition Holly Dingman, RD, Leader

- Planned and held Nutrition and Physical Activity State Plan Update in August. (40 attendees)
- Held “Make an Impact Environment and Policy Meeting in August. (65 attendees.)
- Implemented statewide physical activity and nutrition project scan. (65 projects identified)

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- Conducted worksite demonstration produce market in Lincoln w/ Dept. Agriculture.
- Arranged for nutrition counseling as part of National Governor's Assn grant.
- Completed assessment form and trained clinicians in use of Youth Physical Activity and Nutrition Assessment with UNMC and Creighton College of Medicine.
- Promoted use of assessment form during visit to Nebraska by U.S. USDA Under Secretary for Food, Nutrition and Consumer, Nancy Montanez Johner.
- Provided Eagle Books to Native American children.
- Developed teen healthy lifestyles campaign: "Whatcha Doin'?" with UNL.
- Expanded work group to include more physical activity focus and activities.
- Helped recruit and employ new physical activity coordinator.

Key Partners: CDC, Creighton University College of Medicine, NE Departments of Agriculture and Education, NE Cardiovascular Health Program, NE Diabetes Program, selected local health departments, Beatrice School District, Omaha's Our Healthy Community Partnership, Jefferson Community Health Center, Omaha, Ponca, Santee and Winnebago Tribes.

Early Detection and Early Screening Julie Glover, Leader

- Facilitated collaboration among Omaha Lincoln and EWM colorectal cancer screening projects.
- Supported NE Colon Cancer Screening Program through participation at NE Dept. of Roads training days, State Fair, Husker Harvest, Burwell and Bassett Health Fairs, AARP "Medicare & the Movies", Men's Night out-Lincoln, Super Colon planning, Steering Committee activities.)
- Participated in National Dialogue for Action (leveraged funding or paid for 9 attendees) and Native American/Alaska Native Dialogue for Action (leveraged funding or paid for 3 attendees.)
- Supported Omaha World Herald Colon Cancer supplement; reached 275,000 families in NE.
- Dr. Thorson presented on Colon Cancer at the Nurse Practitioner State Conference, EWM provider training in Lincoln, Norfolk, Scottsbluff, North Platte, Hastings/GI, and Omaha (300 attendees) and NE Academy of Family Physicians Fall Meeting. He also submitted an article for the EWM Provider newsletter. Dr. Lee presented at the Physician Assistant State Conference.
- Planned for Lung Cancer Conference (Jan 22, 2008) and Super Colon (March 28-29, 2008)
- Worked with North Omaha clinics to help promote colorectal cancer screening and early detection at the March 2008 Black Families Health Fair.
- Obtained funding/planned skin cancer project with NE Children and Families Foundation, YMCA, NE Dermatological Association, Schering-Plough Pharmaceuticals, and health departments

Key Partners: Health systems: Alegent, Bryan/LG, Creighton, Fremont Area Medical Center, Good Samaritan, Methodist, UNMC, St. Elizabeth's; ACS, NCI/CIS, CDC, UNMC College of Pharmacy, Lincoln Lancaster County Health Department, Lancaster AAA, EWM, EWM Providers, Family practice physicians, NE Department of Roads, AARP, Lincoln YMCA, Eppley Cancer Center, ACS, NMA, NAFP, NE Nurse Practitioner's Association, ALA, Northern Plains CCCP, Winnebago Tribe, Douglas Sarpy Colon Cancer Task Force, Lincoln Lancaster Crusade Against Cancer, Nebraska Children and Families Foundation, Nebraska YMCA, Nebraska Dermatological Association, Schering-Plough Pharmaceuticals, and all local health departments.

Networking by Cancer Specialists Alan G. Thorson, M.D., Leader

- Promoted cancer centers in the press and at statewide meetings and conferences.
- Hosted sixth annual cancer center meeting at UNMC Eppley Cancer Center in Omaha.
- Obtained letters of support for payment of cancer treatment costs for persons identified with colon cancer through the Nebraska Colon Cancer Screening Program (CDC demo project.) (Achieved 100% participation of all ACoS COC Approved Cancer Centers in Nebraska..)
- Held meetings with oncologists, physician liaisons and other cancer center staff in Omaha, Norfolk, Scottsbluff, and North Platte.
- Supported ACS/Alegent quality of care project.

Key Partners: ACS, ACoS CoC, CDC, NCI/CIS, Cancer Centers: Alegent, Bryan/LGH, Callahan, Carson, Creighton, Fremont, Good Samaritan, Mary Lanning, Methodist, RWMC, St. Elizabeth's, St. Francis, UNMC; Douglas Sarpay Colon Cancer Task Force, ENACCT national organization, Omaha World Herald

Cancer Clinical Trials Janelle Jacobson, Leader

- Planned/executed follow up cancer clinical trials survey with Nebraska cancer centers.
- Supported National Community Cancer Center Clinical Trials project.
- Supported grant application w/ENACCT for training around clinical trials.

Key Partners: ACS, ACoS CoC, CDC, NCI/CIS, Cancer Centers: Alegent, Bryan/LGH, Callahan, Carson, Creighton, Fremont, Good Samaritan, Mary Lanning, Methodist, RWMC, St. Elizabeth's, St. Francis, UNMC and Eppley Cancer Center; ENACCT national organization

Living with Cancer Mary Jo Gillespie, Leader

- Planned and presented plenary session at Third Annual CARES Cancer Conference.
- Initiated and facilitated a meeting on survivorship activities among regional CCC programs
- Sent two teams to City of Hope Survivorship Conference (St. Elizabeth's and UNMC).

Key partners: North Dakota, South Dakota, Iowa, Kansas, Northern Plains Comprehensive Cancer Control Programs, Survivorship work group, St. Elizabeth's RMC, UNMC and Eppley Cancer Center, Lance Armstrong Foundation, City of Hope, cancer survivors

"The evidence is unmistakable: We are truly turning the tide in the cancer battle," said John R. Seffrin, PhD, chief executive officer of the American Cancer Society. "The gains could be even greater if everyone in the US had access to essential health care, including primary care and prevention services."

The cancer death rate in the United States -- which has been slowly dropping since 1993 -- has fallen even more significantly in recent years, according to an annual report from the nation's leading cancer organizations. Previous studies had shown cancer death rates in the US decreasing by an average of 1.1% a year from 1993 through 2002, a steady decline credited to the effectiveness of prevention efforts, new screening methods and wider use of early detection, and better treatments that have extended life expectancy after diagnosis. Those benefits appear to be accumulating more rapidly, with the latest report showing evidence that the decline in cancer deaths nearly doubled from 2002 through 2004, with an average decrease of 2.1% seen each year. Because death rates are considered the best indicator of progress against cancer, this encouraging trend gets top billing in the *Annual Report to the Nation on the Status of Cancer, 1975-2004, Featuring Cancer in American Indians and Alaska Natives* "Annual Report to the Nation on the Status of Cancer, 1975-2004, Featuring Cancer in American Indians and Alaska Natives." Published online Oct. 15, 2007, in [Cancer](#). First author: David K. Espey, MD, Centers for Disease Control and Prevention

Section IV. Cancer Control Goals and Priority Objectives for 2008-2009.

During this next year, staff and partners will be assessing achievement of the stated goals and objectives and begin planning a strategy for updating the Nebraska Cancer Plan. Many of the stated strategies are in process and will be completed. One aspect of the evaluation plan is to assess and report to partners progress in implementing the 2004-2010 Cancer Plan.

Coordination and Collaboration

We will continue to expand, maintain and engage our Statewide Partnership.

We will continue to seek ways to collaborate with many diverse partners across the state.

We will hold two Partnership meetings: Spring Meeting and the fourth Annual Cancer Conference.

We will promote the work of our Partners and increase awareness about their activities and services.

Implement the State Plan

We will address additional priority objectives, including all of those we planned to complete by 2009.

We will continue to build and develop our work groups as the action-oriented entities for cancer control.

We will continue to identify and seek funding to sustain and expand our cancer control efforts.

We will support the activities of our work groups through staff support and in-kind or other resources.

We will utilize evidence-based strategies, projected outcomes and evaluation strategies to support our work.

Goal 1: Eliminate Cancer Disparities

We will identify and distribute information about potential sources of payment for cancer care.

We will complete assessment of the geographic distribution of cancer services, suggesting improvements.

We will establish a workforce development work group and set initial priorities.

Goal 2: Reduce Cancer Risks Related to Nutrition and Tobacco

We will support community symposia for Women on Tobacco and Cancer.

We will work with Tobacco Free Nebraska to implement additional smoking cessation strategies.

We will support and participate in national nutrition campaigns.

We will partner with community health educators in local health departments to promote healthy lifestyles.

Goal 3: Increase Screening and Early Detection

We will continue to implement our Dialogue Action Plan related to colorectal cancer screening.

We will continue to implement the statewide colorectal cancer demonstration project with CDC.

We will complete the skin cancer awareness project with Nebraska families.

We will establish a genetics work group and establish initial priorities.

Goal 4: Increase Access to Appropriate and Effective Cancer Treatment & Care

We will hold our Sixth Annual Cancer Center Meeting with ACoS Commission on Cancer and ACS.

We will continue the work of our Clinical Trials Interest Group to increase enrollment in clinical trials.

We will raise awareness about the accredited cancer centers and support those seeking accreditation.

We will host a meeting of cancer clinical trials staff to promote networking and sharing of new information.

Goal 5: Increase Understanding of Living with Cancer (Survivorship) and End-of-Life

We will raise awareness about survivorship among health care professionals and consumers.

We will support development of new survivorship programs and services.

We will continue providing training on end-of-life issues.

We will continue promoting end-of-life decision making before crisis by promoting use of advance directives.

Goal 6: Increase Professional and Consumer Cancer Knowledge

We will promote evidence-based or social marketing tested cancer information and best practices.

We will increase public knowledge about cancer prevention, early detection, patient care and survivorship.

All Partners are welcome to join any of the work groups to add their experience and resources to controlling cancer in Nebraska. Work groups and their leaders are as follows:

Eliminating Cancer Disparities	Janelle Jacobson	janelle.jacobson@dhhs.ne.gov
Healthy Lifestyles Tobacco	Kathy Burklund	kathy.burklund@dhhs.ne.gov
Healthy Lifestyles Nutrition	Holly Dingman	holly.dingman@dhhs.ne.gov
Screening & Early Detection	Julie Glover	julie.glover@cancer.org
Networking Cancer Centers		contact june.ryan@dhhs.ne.gov
Clinical Trials	Kim Bland and Laura Mahacek	
	contact janelle.jacobson@dhhs.ne.gov	
Survivorship: Living with Cancer	Mary Jo Gillespie	mjgillespie@neb.rr.com
Survivorship: End of Life	may combine with other Survivorship WG	
Genetics	contact janelle.jacobson@dhhs.ne.gov	
Workforce Development	contact june.ryan@dhhs.ne.gov	

Visit Nebraska CARES at <http://www.dhhs.ne.gov/NebraskaCARES/>

Nebraska Cancer Burden

The Nebraska Cancer Registry recorded the following changes in cancer data since the cancer plan was written until 2004. (Green indicates trend in desired direction)							
Nebraska data	2000	2004	Comments				
Cancer incidence rate	471.5	462.1					
Cancer mortality rate	185.4	173.5					
Breast cancer incidence (female)	133.8	124.1					
Breast cancer mortality (female)	22.2	23.8					
Colon cancer incidence	61.9	53.0					
Colon cancer mortality	22.2	18.3					
Lung cancer incidence	62.2	64.8					
Lung cancer mortality	48.0	47.6					
Prostate cancer incidence	177.5	149.6					
Prostate cancer mortality	29.6	24.1					
BRFSS reports recorded the following changes since the plan was written until now. (Green indicates trend in desired direction)							
	2003	2004	2005	2006	2001-2006	Nebraska 2010 Target	
% of women who had a mammogram in the past 2 years	75.17 (2002)	75.97	73.27		74.80	75%	
Prevalence (%) of cigarette smoking among adults age 18 and older	21.24	20.26	21.26	18.65	20.71	12%	
Prevalence of obesity (BMI =30 or greater) among adults age 18 and older	23.86	23.16	25.89	27.03	24.01	15%	
% of adults age 18 and above who did <i>not</i> participate in any leisure-time physical activity during the past month	20.73	21.55	23.77	21.04	23.37	15%	
Percent of adults age 50+ who had fecal occult blood test in the past two years	29.98 (2002)	29.50		27.91	30.42	50%	
Percent of adults age 50+ who had a sigmoidoscopy/colonoscopy in past 5 years	11.09 (2002)	12.70		15.18	12.22	50%	