

**ATTACHMENT 9**

**SITES SELECTED FOR  
COLORECTAL CANCER SCREENING DEMONSTRATION PROGRAM,  
2005**

## Selected sites for RFA AA030, Colorectal Cancer Screening Demonstration Program, 2005

Applicant	Program Site and Structure	Priority Population	Proposed Screening Test(s)	Numbers of Screens Proposed			Program consultation	
				Year 1 (6 months)	Year 2	Year 3	PSB program consultant	EARB scientific consultant
Research Foundation of SUNY, Stony Brook, NY AA030- 18	Collaboration between SUNY at Stony Brook Univ Med Ctr and Suffolk Co DOH (to include 10 community-based health centers)	50+, low income, inadequately insured for CRC screening (racially diverse group)	Primary screening with colonoscopy	250 screens per 6 months		1250 screens over 3 years (10% increase over 3 yrs)	Ena Wanliss	Laura Seeff
Nebraska Department of Health and Human Services, Lincoln, NE AA030- 14	Statewide program, built on EWM (BCCEDP) infrastructure; recently completed 3 yr CRC screening pilot	50+, low income and uninsured, increased outreach to African-American population	primary screening with FOBT and f/u with colonoscopy; primary colonoscopy for high risk clients	goal 10,000 screens	NA	NA	Anne Major	Laura Seeff
Missouri Department of Health and Senior Services (DHSS) AA030-38	St Louis City; MO DHSS and CCC will collaborate with community cancer coalitions in St Louis	50+, low income and uninsured, half of priority population is African American	FOBT for screening and f/u with colonoscopy; primary colonoscopy for high risk clients	400	1200	NA	Anne Major	Laura Seeff
Maryland Department of Health and Mental Hygiene (DHMH), AA030- 13	Baltimore City; ACS and MD DHMH with 4 clinical sites	50+, low income and uninsured	Primary screening with colonoscopy; single clinic may offer FIT as alternative	382		1,146 over 3 years	Ena Wanliss	Lisa Richardson

Public Health - Seattle & King County, Seattle, WA AA030- 15	6 clinics and 3 outreach sites in 3 WA counties (King, Clallam and Jefferson); WBCHP (BCCEDP) and Seattle and King Counties Public Health	50+, low income and uninsured, with focus on American Indian/Alaska Native and African American populations	FOBT; colonoscopy for f/u and for high risk	600	1500	1500 (3600 over 3 years)	Annette Gardner	Lisa Richardson
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