ANALYSIS OF FACTORS CONTRIBUTING TO MISSISSIPPI’S GEOGRAPHIC DISPARITIES IN COLORECTAL CANCER

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Abstract: Significant population-based and geographic disparities in colorectal cancer (CRC) screening behaviors and CRC outcomes exist in Mississippi. The effects of CRC screening resources are related to CRC screening behaviors and outcomes at a regional level, whereas at the county level, socioeconomic factors are more strongly associated with CRC outcomes. Most aspects of the geographic CRC disparities are consistent with predictions based on informational diffusion theory. With respect to CRC, gastroenterologists and gastroenterology clinics serve as nodes for the diffusion of preventive CRC screening information. Under Mississippi’s current laissez-faire approach to cancer control, the geographic distribution of these critical CRC prevention resources is determined by “free-market” forces such as population density and community-level wealth. This contributes to the observed geographic and population-based disparities in colorectal cancer incidence, mortality and screening rates. Effective control of CRC in rural states with high poverty levels requires both adequate preventive CRC screening capacity and a strategy to address fundamental causes of health care disparities. In response to Mississippi’s unmet CRC crisis, the 70x2020 Colorectal Cancer Screening Partnership developed a Strategic Plan, which is currently being implemented throughout the state.

Key Words: Colorectal Cancer (CRC); Geographic Information System (GIS); Health disparities; Community-level poverty; Health economics

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