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1 MMW Fortschr Med. 2011 Nov 24;153(47):34-9; quiz 40.

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2 South Med J. 2011 Dec;104(12):811-8.

**[Prevalence of colorectal cancer screening among a multimorbid rural Appalachian population.](#)**

[Fleming ST](#), [Schoenberg NE](#), [Tarasenko YN](#), [Pearce KA](#).

**Source**

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**Abstract**

**OBJECTIVES:**

The purpose of this study was to determine the relation among multiple morbidities and the prevalence of colorectal cancer (CRC) screening among older adult Appalachian residents of Kentucky. This is the first known study to address multiple morbidities exclusively with a health-disparities population.

## **METHODS:**

This was a cross-sectional study of 1153 subjects, aged 50 to 76 years, from Appalachian Kentucky.

## **RESULTS:**

White race, post-high school education, and perception of having more than enough income on which to survive were associated with higher rates of any guideline concordant CRC screening. Statistically significant trends in the outcome of adjusted odds ratios for colonoscopy with greater number of morbidities ( $P < 0.05$ ) were noted; the higher number of morbidities, the higher rates of screening.

## **CONCLUSIONS:**

Contrary to much existing research, within a health-disparities population, we found a dose-response relation between comorbidities and greater likelihood of CRC screening. Future research in this area should focus on explanations for this seldom-described finding. In addition, this finding has meaningful clinical and behavioral implications, including ensuring provider screening recommendation during routine office visits and outreach, perhaps through community clinics and public health departments, to extremely vulnerable populations lacking access to preventive care.

PMCID: PMC3233263

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