

# BRFSS Brief

Number 1405

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention and administered by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population aged 18 years and older.

## Colorectal Cancer Screening

New York State Adults, 2012

### Introduction and Key Findings

Colorectal cancer (cancer that starts in the colon or rectum) is the third leading cause of cancer deaths for men (following lung and prostate) and for women (following lung and breast) in New York State (NYS). There are approximately 9,600 new cases of colorectal cancer diagnosed each year in NYS and about 1,600 men and 1,700 women die from the disease annually.<sup>1</sup>

Early detection of colorectal cancer, through regular screening, can substantially improve survival rates. When colorectal cancer is found and treated early, it can often be cured. In some cases, screening can actually prevent the development of colorectal cancer by detecting and removing adenomatous polyps before they become cancerous.

Men and women aged 50 to 75 years, and at average risk for colorectal cancer, should be screened for colorectal cancer with one of the following: a yearly take home blood stool test (fecal occult blood test or fecal immunochemical test), OR a flexible sigmoidoscopy every 5 years with a blood stool test every 3 years, OR a colonoscopy every 10 years. People with a family history or other risk factors for colorectal cancer should talk to their doctor about starting colorectal cancer screening earlier and/or undergoing screening more often.<sup>2,3</sup>

The percentage of NYS adults aged 50 to 75 years who have had a blood stool test in the past year, OR a flexible sigmoidoscopy in the past 5 years and a blood stool test in the past 3 years, OR a colonoscopy in the past 10 years is 68.3 percent in 2012. NYS is close to meeting the Healthy People 2020 objective of 70.5 percent of adults aged 50 to 75 years receiving a colorectal cancer screening based on the most recent guidelines.<sup>4</sup> There are some subpopulations that are less likely to be screened. In NYS, adults aged 50 to 75 years without health insurance are significantly less likely to have received a recommended colorectal cancer screening test (44.8%) compared to adults aged 50 to 75 years with health insurance (70.7%). Similarly, NYS adults aged 50 to 75 years without a regular health care provider are significantly less likely to have received a recommended colorectal cancer screening test (35.3%) compared to adults aged 50 to 75 years with a regular health care provider (71.2%).

### BRFSS questions

[Note: Asked only of respondents aged 50 years and older.]

1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

[If "yes"]

2. How long has it been since you had your last blood stool test using a home kit?

3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

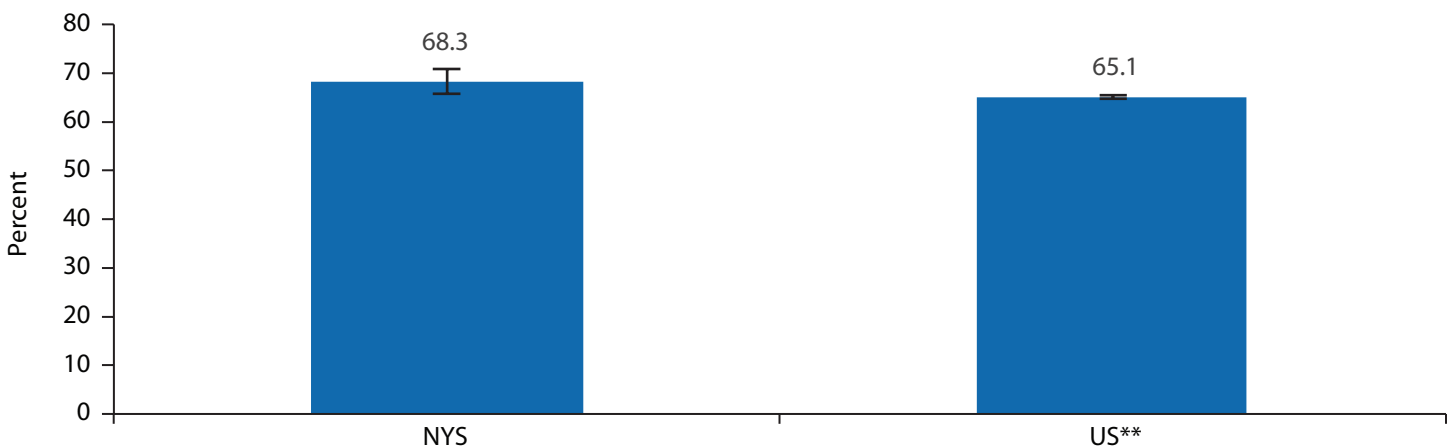
[If "yes"]

4. How long has it been since you had your last sigmoidoscopy or colonoscopy?

## Changes to BRFSS Methodology

Beginning in 2011, BRFSS data includes data from interviews completed by people with cell phones in addition to interviews completed by people with landlines. The data also reflect changes in how the Centers for Disease Control (CDC) weight the data. Weighting ensures that the data collected are as representative of New York's population as possible. The new method of weighting enables more demographic information about the respondents to be incorporated into the weighting. While these two changes improve the accuracy of the BRFSS, they may result in prevalence estimates that are significantly different from those previously calculated. **Because of the differences in data collection, it is not appropriate to compare 2012 data to prior years and the BRFSS 2012 prevalence data should be considered a baseline year for data analysis.**

**Figure 1. Percent up-to-date with colorectal cancer screening\* among New York State and US adults aged 50 to 75 years, BRFSS 2012 survey year**

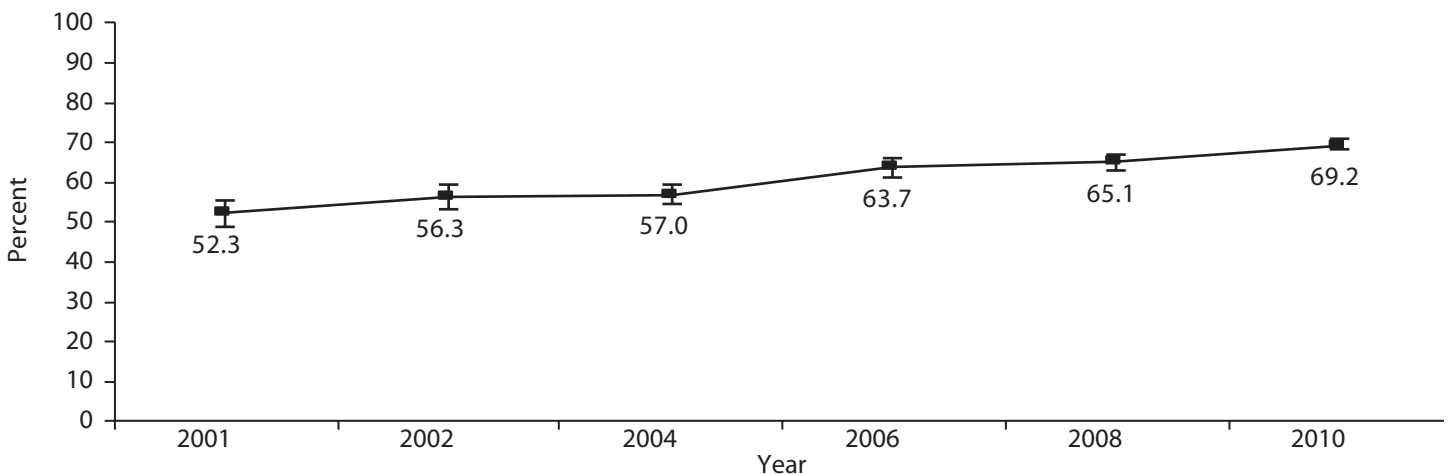


\* Blood stool test within 1 year, or sigmoidoscopy within 5 years with blood stool test within 3 years, or colonoscopy within 10 years.

\*\* Data were weighted to the age, sex, and racial/ethnic distribution of each state's adult population using intercensal estimates and were age-standardized to the 2012 BRFSS population.<sup>5</sup>

Note: Error bars represent 95% confidence intervals.

**Figure 2. Blood stool test in past year OR lower endoscopy (sigmoidoscopy/colonoscopy) in past 10 years among New York State adults aged 50 to 75 years, BRFSS survey year from 2001 to 2010**



Note: Data on blood stool testing or sigmoidoscopy/colonoscopy not collected in 2003, 2005, 2007, or 2009 New York BRFSS.

Note: Error bars represent 95% confidence intervals.

## History of colorectal cancer screening among New York adults aged 50 to 75 years, by selected characteristics , 2012 BRFSS

	Up-to-date with screening*		Colonoscopy in past 10 years		Blood stool test in past year	
	% <sup>a</sup>	95% CI <sup>a</sup>	% <sup>a</sup>	95% CI <sup>a</sup>	% <sup>a</sup>	95% CI <sup>a</sup>
<b>New York State (NYS) [N=2,722]</b>	<b>68.3</b>	<b>65.7-70.9</b>	<b>67.1</b>	<b>64.4-69.7</b>	<b>8.3</b>	<b>6.8-9.8</b>
<b>Sex</b>						
Male	68.4	64.7-72.1	66.9	63.1-70.8	10.5	8.1-12.9
Female	68.1	64.5-71.8	67.2	63.5-70.9	6.4	4.6-8.2
<b>Age (years)</b>						
50-64	64.2	61.0-67.4	62.7	59.5-65.9	6.7	5.2-8.2
65-75	77.1	72.6-81.6	76.8	72.2-81.4	11.8	8.6-15.0
<b>Race/Ethnicity</b>						
White non-Hispanic	67.7	65.1-70.3	66.5	63.8-69.1	8.2	6.8-9.6
Black non-Hispanic	74.5	66.0-82.9	72.1	63.1-81.1	12.3	5.2-19.3
Hispanic	72.2	64.1-80.2	71.2	63.2-79.2	7.6	2.7-12.5
Other non-Hispanic	57.5	41.2-73.8	57.9	41.4-74.4	2.5	0.0-5.6
<b>Annual household income</b>						
< \$15,000	59.1	51.0-67.3	57.2	49.0-65.5	6.4	3.2-9.5
\$15,000-\$24,999	65.9	58.5-73.4	65.9	58.5-73.2	9.1	4.9-13.4
\$25,000-\$34,999	77.3	69.3-85.2	77.0	68.9-85.0	10.7	2.9-18.5
\$35,000-\$49,999	69.6	62.2-77.0	70.5	63.2-77.9	6.9	3.6-10.1
\$50,000-\$74,999	72.1	66.3-77.8	69.5	63.4-75.6	11.0	6.8-15.2
≥ \$75,000	67.3	62.9-71.6	66.1	61.6-70.6	7.8	5.2-10.3
Missing <sup>b</sup>	68.3	59.3-77.2	65.9	56.7-75.0	7.1	3.6-10.6
<b>Educational attainment</b>						
Less than high school	67.8	58.7-77.0	64.7	55.4-74.1	8.9	3.0-14.7
High school or GED	65.7	60.6-70.8	65.7	60.6-70.9	7.8	5.4-10.2
Some post-high school	68.8	64.1-73.5	67.0	62.2-71.8	8.1	5.6-10.7
College graduate	70.5	66.5-74.4	69.7	65.7-73.8	8.4	6.1-10.7
<b>Health care coverage (insured)</b>						
Yes	70.7	68.1-73.8	69.6	66.9-72.3	8.7	7.1-10.3
No	44.8	34.8-54.9	42.7	32.5-52.8	4.6	1.9-7.3
<b>Regular health care provider</b>						
Yes	71.2	68.6-73.8	70.1	67.4-72.7	8.7	7.2-10.3
No	35.3	23.7-46.9	34.6	23.0-46.2	3.7	0.0-7.5
<b>Disability<sup>c</sup></b>						
Yes	69.7	64.6-74.7	67.9	62.8-73.1	9.6	6.5-12.6
No	67.7	64.7-70.7	66.7	63.6-69.8	7.8	6.1-9.4
<b>Residence</b>						
New York City (NYC)	70.2	64.8-75.6	69.8	64.4-75.3	7.9	4.8-10.9
NYS exclusive of NYC	67.1	64.5-69.8	65.4	62.8-68.1	8.6	7.1-10.0

\* Blood stool test within 1 year, or sigmoidoscopy within 5 years with blood stool test within 3 years, or colonoscopy within 10 years.

<sup>a</sup> %=Percentage; 95% CI=Confidence interval (at the 95 percent probability level). Percentages are weighted to population characteristics.

<sup>b</sup> "Missing" category included because more than 10% of the sample did not report income.

<sup>c</sup> All respondents who report activity limitations due to physical, mental, or emotional problems OR have health problems that require the use of special equipment.

## References

1. Cancer Incidence and Mortality for New York State, 2007-2011. New York State Cancer Registry. New York State Department of Health, updated on Nov. 2013. Available at <http://www.health.ny.gov/statistics/cancer/registry/vol1/v1rnys.htm>
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3. What should I know about screening? Centers for Disease Control and Prevention, Colorectal Cancer, updated on Feb. 2014. Available at [http://www.cdc.gov/cancer/colorectal/basic\\_info/screening/](http://www.cdc.gov/cancer/colorectal/basic_info/screening/)
4. HealthyPeople.gov, 2020 Topics and Objectives: Cancer. U.S. Department of Health and Human Services, updated on Aug. 2013. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=5>
5. CDC. Vital Signs: Colorectal Cancer Screening Test Use – United States, 2012. MMWR, Nov. 2013, Vol. 62, No. 44. Available at <http://www.cdc.gov/mmwr/pdf/wk/mm6244.pdf>.

## Program Contributions

New York State Department of Health  
Bureau of Chronic Disease Evaluation and Research  
Bureau of Chronic Disease Control

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