



## Department of Health

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Commissioner

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Executive Deputy Commissioner

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Dear Colleagues:

As various tree pollens begin their annual assault across New York State, many residents coping with sneezing, runny noses and itchy eyes must also fend off fatigue that makes them want to lie down and sleep like a baby. As the father of a two-month-old, I've been thinking a lot lately about sleeping babies—not only how to keep them sleeping through the night, but also how to ensure that they sleep safely.

This month I want to discuss safe sleep practices for infants as well as another very important health subject we should monitor with equal vigilance—on-time screening for colorectal cancer.

**Infant Safe Sleep:** Each year, approximately 90 infants in New York State die from sleep-related causes. Many of these deaths are preventable. Research has shown that the more often caregivers heard about safe sleep practices, the more likely they were to follow the advice.<sup>1</sup> That's why Governor Cuomo has designated May as Infant Safe Sleep Month in New York State—to raise public awareness about sleep-related infant deaths and educate communities on infant safe sleep practices.

The New York State Department of Health (Department) encourages healthcare professionals to emphasize infant safe sleep practices with this simple message: Babies should sleep Alone, on their Backs, and in a safe Crib (the ABC's of safe sleep) right from the start. It's also important to discuss risk factors associated with sudden unexpected infant death (SUID). A recent study estimated that 22% of SUID cases in the United States can be directly attributed to maternal smoking during pregnancy.<sup>2</sup> Smoking cessation is essential to reducing infant sleep-related deaths.

The Department has developed [infant safe sleep educational materials](#) in English and six other languages that we encourage clinicians to download and share with the families they serve. Educational materials including magnets, posters, crib cards, and videos can be ordered by completing the form [available here](#).

**Colorectal Cancer Screening:** Colorectal cancer is the second leading cause of cancer death in America. Every year, 9,000 New Yorkers are diagnosed with this cancer and more than 3,000 die from it. Colorectal cancer screening can find cancer early with the promise of better treatment outcomes and, in some cases, can prevent colorectal cancer from beginning altogether.

The good news is that colorectal cancer screening rates are increasing. Approximately 70.1% of adults ages 50 to 75 were up-to-date with their colorectal cancer screening in 2017, according to the New York State Behavioral Risk Factor Surveillance System. This is up from 68.5% in 2016. Concurrently, the incidence of colorectal cancer has been declining in New York since 2000, with an average annual decrease of 2.7% between 2006 and 2015 and 1.8%

between 2011 and 2015 (New York State Cancer Registry). The rate of colorectal cancer mortality in the State has been decreasing for many decades, with an age-adjusted mortality rate decrease of 3.0% per year between 2005 and 2015.

Despite this good news, however, we're seeing a disturbing recent trend: about 10.8% of colorectal cancers diagnosed among New Yorkers during 2011-2015 were in individuals younger than 50. Since 1991, the incidence among New Yorkers younger than 50 has been increasing by 1.8% per year, similar to trends seen nationally. The American Cancer Society updated its screening guidelines to suggest screening begin at age 45, and the United States Preventive Services Task Force is now revisiting its 2016 recommendation statement.

Studies are needed to better understand the factors behind the increased incidence of this cancer among those younger than 50 and what preventive strategies are needed. In the meantime, those with a personal or family history of colon polyps or colorectal cancer, or a personal history of inflammatory bowel disease, may need to be screened before age 50. In addition, individuals at any age with symptoms of colorectal cancer, such as blood in or on their stool, should be tested for colorectal cancer.

Screening rates for colorectal cancer remain below the rates for breast and cervical cancer screening, and we need to raise them up. We also need to zero-in on New Yorkers ages 50-54, who are significantly less likely to have been screened as compared to those age 55 and older. Also, those without health insurance or a healthcare provider are less likely to be screened.

We need to get ALL New Yorkers started with screening right at age 50. New York State has committed to the *80% in Every Community* campaign to take down barriers to screening and achieve an 80% screening rate. This campaign is led by the National Colorectal Cancer Roundtable and supported by nearly 2,000 organizations nationwide. [Take the Pledge](#) along with me and become a screening champion in your healthcare system. Resources to assist you and your healthcare organization in these efforts are [available here](#).

I have addressed two critical public health issues in this letter, but there is another major threat to public safety looming nationwide—vaccine hesitancy. The next event in our Commissioner's Medical Grand Rounds—*Vaccine Hesitancy*—will address this headline-making concern. Please join me on Thursday, June 13<sup>th</sup>, from 9:00 to 11:00 A.M., in the Annenberg Building, Room 13-01 at the Icahn School of Medicine at Mount Sinai. Registration for both in-person and live webcast attendance can be [found here](#).

Thank you—and wishing you all the best.

Sincerely,



Howard A. Zucker, M.D., J.D.

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<sup>1</sup> Smith L, Geller N, Kellams A, Colson E, Rybin D, Heeren T, Corbin M. "Infant Sleep Location and Breastfeeding Practices in the United States, 2011-2014." Academic Press online; February 4, 2016.

<sup>2</sup> Anderson T, Ferres J, Ren S, Moon R, Goldstein R, Ramirez J, Mitchell E. "Maternal Smoking Before and During Pregnancy and the Risk of Sudden Unexpected Infant Death." *Pediatrics* 2019; 143(4):e20183325.