



New York State Behavioral Risk Factor Surveillance System Brief

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey of adults developed by the Centers for Disease Control and Prevention conducted in all 50 States, the District of Columbia, and several US Territories. The New York Behavioral Risk Factor Surveillance System is administered by the New York State (NYS) Department of Health (DOH) to provide statewide and regional information on behaviors, risk factors, and use of preventive health services related to the leading causes of chronic and infectious diseases, disability, injury, and death.

Colorectal Cancer Screening

New York State Adults ages 45-75, 2022



Introduction

Colorectal cancer (cancer that starts in the colon or rectum) is the second leading cause of cancer death for adults in New York State. Between 2016 and 2020 there were an average of 8,793 new cases of colorectal cancer diagnosed and 2,889 adult deaths annually in the State.¹ Finding cancer early, through regular screening, can improve survival rates. In some cases, screening can prevent the development of colorectal cancer through detection and removal of adenomatous polyps. In 2021, the United States Preventive Services Task Force expanded screening recommendations to include average risk adults 45 to 75 years of age (previously, it was 50 to 75 years).

Recommended screening options include: 1) yearly take-home high-sensitivity fecal occult blood test or fecal immunochemical test; 2) multitargeted stool test every 1 to 3 years; 3) colonography (also called virtual colonoscopy) every 5 years; 4) flexible sigmoidoscopy every 5 years; 5) flexible sigmoidoscopy every 10 years plus fecal immunochemical test every year; or 6) colonoscopy every 10 years.²

Health Equity

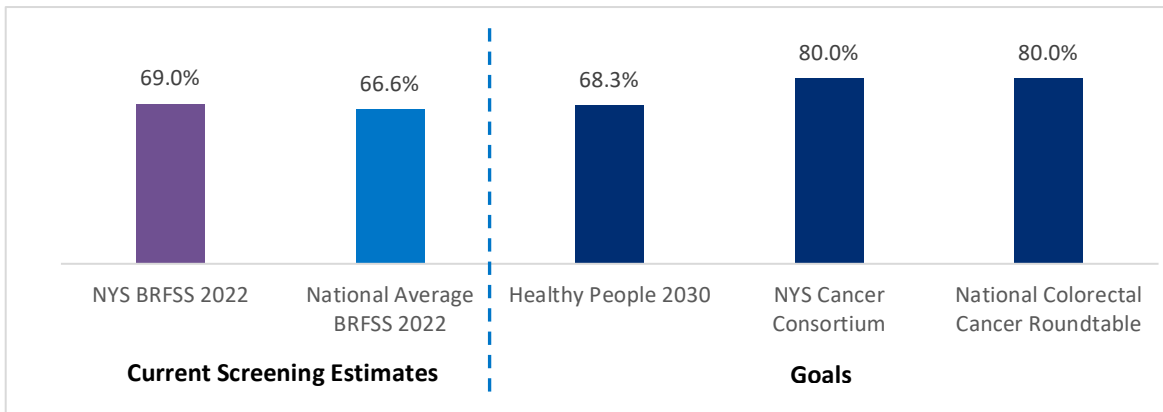
Risk of colorectal cancer increases with age and varies across racial groups. Individuals who are non-Hispanic and those who are Black are both more likely to have colorectal cancer diagnosed and to die from the disease. Eliminating disparities starts with ensuring that all New Yorkers can access screening services. The New York State Department of Health is committed to removing barriers to, and communicating the importance of, screening with initiatives such as the Comprehensive Cancer Control Program and by funding screening for uninsured or underinsured individuals through the Cancer Services Program (CSP).

Key Findings

- Screening in New York State is estimated to be higher than the national average and in line with the 2030 Healthy People goal.
- Screening is much less likely to be reported by younger individuals, including those newly eligible (45-49 years of age).
- Individuals who are Hispanic report less screening than those who are White or Black.
- Those with higher household incomes and those with college degrees are more likely to be screened.
- Those without health insurance and those without a regular health care provider are less likely to be screened.
- Current smokers are much less likely to be screened than former smokers or those who never smoked.



Figure 1. Colorectal Cancer Screening Estimates* and Various Screening Goals for Adults 45-75 Years of Age, Behavioral Risk Factor Surveillance System, 2022



Note: the 80% goals were set prior to the lowering of age eligibility from 50 to 45 years.

Figure 2. Significant Differences in Colorectal Cancer Screening* by Demographics, Adults 45-75 Years of Age, Behavioral Risk Factor Surveillance System, 2022

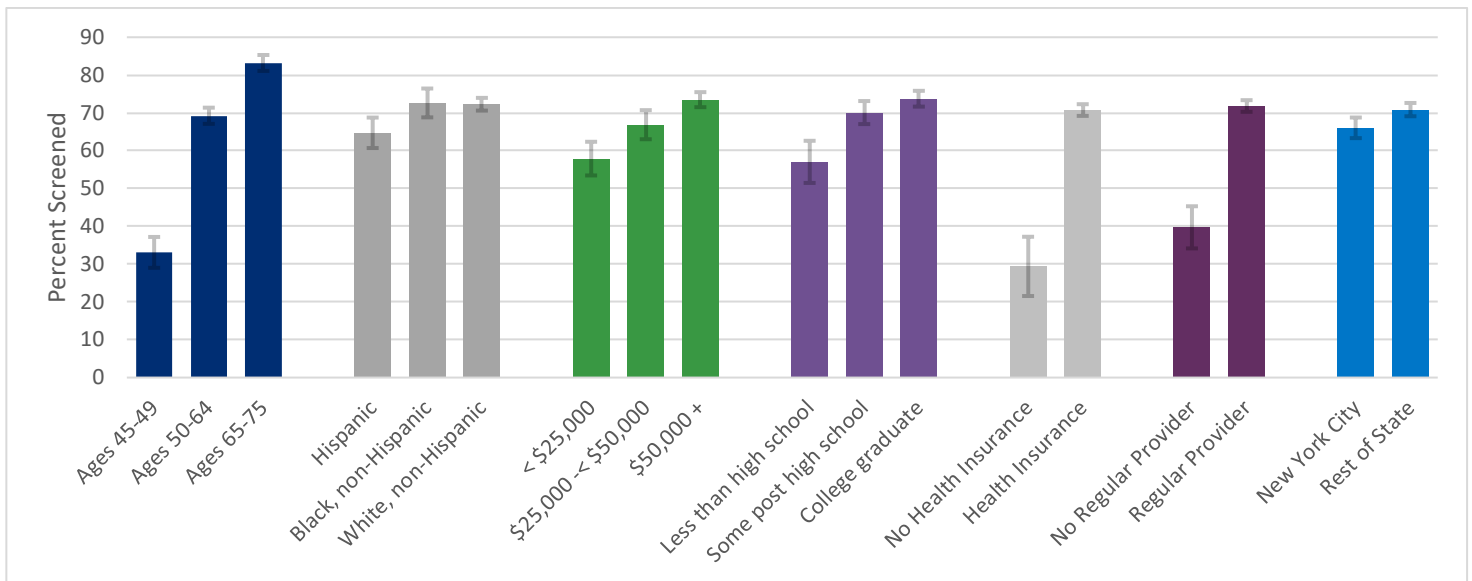
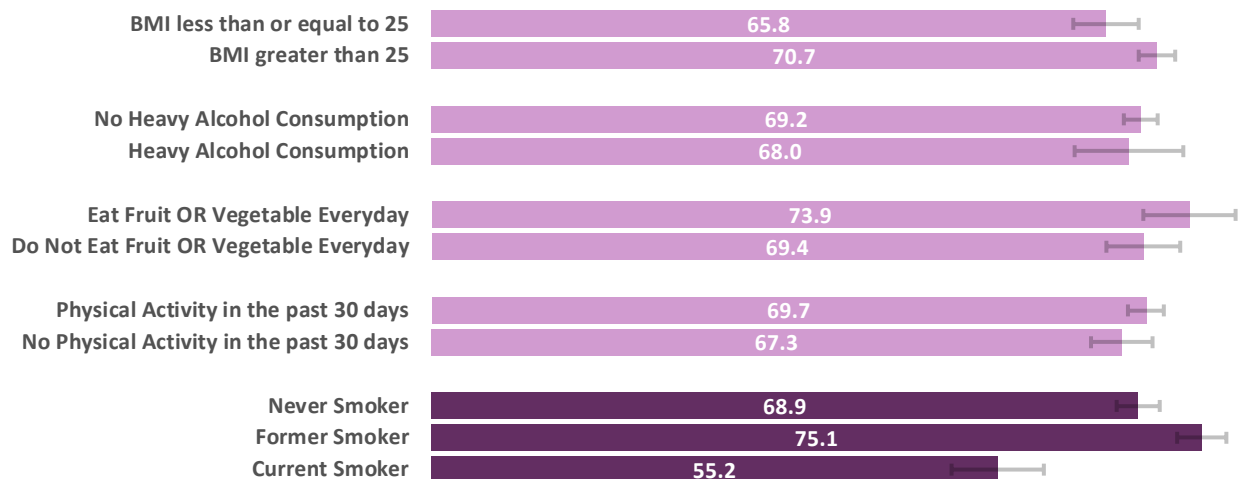


Figure 3. Colorectal Screening* by Known Risk Factors for Colorectal Cancer, Adults 45-75 Years of Age, Behavioral Risk Factor Surveillance System, 2022

Significant differences in screening status were seen based on reported smoking history.



*Screening history aligned with recommendations of the United States Preventive Services Task Force

Table I. Colorectal Cancer Screening, New York State Adults 45-75 Years of Age, by Selected Characteristics, Behavioral Risk Factor Surveillance System, 2022

	Estimated Population Size ^a	Screening History Aligned with Recommendations ^b		Colonoscopy in Past 10 Years		Fecal Occult Blood Test or Fecal Immunochemical Test in Past Year, or Multitargeted Stool Test in Past 3 Years	
		N	% ^c	95% CI ^c	% ^c	95% CI ^c	% ^c
NYS Statewide [n=17,800]	15,803	69.0	67.5-70.5	65.7	64.1-67.2	7.5	6.7-8.4
Sex^d							
Male	7,578	67.1	65.0-69.3	64.2	62.0-66.5	6.5	5.4-7.7
Female	8,225	70.7	68.6-72.8	67.0	64.8-69.1	8.5	7.2-9.7
Age (years)							
45-49	925	33.1	29.0-37.2	29.9	26.0-33.8	3.9	1.9-5.9
50-64	3,851	69.2	67.1-71.4	65.8	63.6-68.0	7.0	5.9-8.1
65-75	2,209	83.2	81.1-85.3	80.1	77.9-82.3	9.9	8.3-11.5
Race/Ethnicity							
White, non-Hispanic	7,935	72.3	70.6-74.0	68.5	66.8-70.3	6.9	6.0-7.8
Black, non-Hispanic	2,056	72.6	68.8-76.4	70.7	66.8-74.6	9.6	7.0-12.2
Hispanic	2,916	64.7	60.7-68.8	61.8	57.7-66.0	7.7	5.3-10.1
All other groups combined ^e	2,177	55.3	48.3-62.3	52.8	45.7-59.8	8.0	4.2-11.7
Annual Household Income							
<\$25,000	2,081	57.9	53.5-62.4	54.1	49.6-58.6	10.0	7.1-12.8
\$25,000-\$49,999	2,802	66.9	63.0-70.7	64.2	60.4-68.1	7.8	5.5-10.2
\$50,000 and greater	6,450	73.5	71.5-75.5	69.7	67.6-71.8	7.0	6.0-8.1
Missing ^f	4,470	67.4	63.9-70.9	64.9	61.2-68.5	6.6	4.8-8.4
Educational Attainment							
Less than high school	1,988	57.0	51.5-62.6	53.8	48.1-59.4	9.7	6.0-13.3
High school or GED	4,035	65.8	62.5-69.0	62.1	58.8-65.4	7.7	5.9-9.5
Some post-high school	4,107	70.1	67.0-73.1	66.8	63.6-69.9	6.8	5.3-8.4
College graduate	5,543	73.7	71.7-75.8	70.5	68.4-72.7	7.2	6.2-8.3
Health Care Coverage							
Private insurance	6,925	69.2	67.1-71.3	65.6	63.5-67.8	5.8	4.9-6.8
Medicare	3,169	80.1	77.5-82.8	77.6	74.9-80.2	10.5	8.4-12.6
Medicaid	2,160	59.9	54.5-65.3	54.7	49.2-60.1	10.0	6.7-13.3
Other insurance	1,444	64.0	58.6-69.4	61.3	55.9-66.7	7.8	4.9-10.6
No insurance	918	29.4	21.6-37.2	27.1	19.4-34.9	3.7	1.3-6.0
Regular Healthcare Provider							
Yes	13,043	71.8	70.3-73.4	68.3	66.7-69.9	8.0	7.1-8.9
No	2,508	39.7	34.2-45.3	38.2	32.7-43.7	2.9	1.3-4.5
Disability^g							
Yes	3,985	69.3	66.5-72.0	66.0	63.1-68.8	9.3	7.5-11.1
No	10,082	68.9	67.1-70.7	65.5	63.7-67.4	6.8	5.9-7.8
Residence							
New York City (NYC)	6,758	66.0	63.3-68.8	66.8	65.0-68.7	8.0	6.4-9.6
NYS exclusive of NYC	9,045	70.9	69.1-72.6	63.8	61.1-66.5	7.2	6.3-8.1

^a Estimated population size based on weighted frequencies from BRFSS, in thousands. Excludes individuals with missing data.

^b Recommendations at the time of this survey were based on those of the United States Preventive Services Task Force, updated May 2021, as defined on page 1 in the introduction.

^c Percentages are weighted to population characteristics. When comparing estimates, the 95% confidence interval (95% CI) provides the statistical range containing the true population percentage with a 95% probability. The width of the confidence interval is influenced by the number of residents surveyed. Although a 95% confidence interval is not a test of statistical significance, estimates whose 95% confidence intervals do not overlap can be considered significantly different. Note: Estimates are deemed unstable when a confidence interval has a half-width greater than 10, use caution when interpreting.

^d Based on respondent's sex at birth, or current gender identity at time of interview if sex at birth is missing.

^e American Indian, Alaskan Native, Native Hawaiian or other Pacific Islander, Other, or Multiracial. The response sizes for each individual category did not meet stability standards.

^f "Missing" category included because more than 10% of the sample did not report income.

^g Based on report of at least one of the following disabilities: cognitive, ambulatory, vision, hearing, self-care, or independent living.

References



1. Cancer Incidence and Mortality for New York State, 2016-2020. New York State Cancer Registry. New York State Department of Health, updated in March 2023. Most recent data available at <https://health.ny.gov/statistics/cancer/registry/vol1/v1mys.htm>
2. Screening for colorectal cancer, recommendation statement. U.S. Preventive Services Task Force, Rockville, MD, updated in May 2021. Available at <https://uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>

Suggested Citation



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Behavioral Risk Factor Surveillance System Survey Questions



Colorectal Cancer Screening

1. Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Have you ever had either of these exams? [If “yes”, ask:]
2. Have you had a colonoscopy, sigmoidoscopy, or both? [If colonoscopy or both, ask:]
3. How long has it been since your most recent colonoscopy? [If response to question 2 was sigmoidoscopy or both, ask:]
4. How long has it been since your most recent sigmoidoscopy? [If response to question 2 was “Don’t Know/Not Sure” ask:]
5. How long has it been since your most recent colonoscopy or sigmoidoscopy? [If respondent older than 45 years or they did not provide an age, ask:]
6. Have you ever had any other kind of test for colorectal cancer, such as virtual colonoscopy, CT colonography, blood stool test, FIT DNA, or Cologuard test? [If “yes”, ask:]
7. A virtual colonoscopy uses a series of X-rays to take pictures of inside the colon. Have you ever had a virtual colonoscopy? [If “yes”, ask:]
8. When was your most recent CT colonography or virtual colonoscopy? [If response to question 6 was “yes”, also ask:]
9. One stool test uses a special kit to obtain a small amount of stool at home and returns the kit to the doctor or the lab. Have you ever had this test? [If “yes”, ask:]
10. How long has it been since you had this test? [If response to question 6 was “yes”, also ask:]
11. Another stool test uses a special kit to obtain an entire bowel movement at home and returns the kit to a lab. Have you ever had this test? [If “yes”, ask:]
12. Was the blood stool or FIT (you reported earlier) conducted as part of a Cologuard test? [If response to question 11 was “yes”, also ask:]
13. How long has it been since you had this test?

Program Contributions



New York State Department of Health

Bureau of Chronic Disease Evaluation and Research

Bureau of Cancer Prevention and Control



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