



Snapshot is a biannual publication that demonstrates the uses of Behavioral Risk Factor Surveillance System (BRFSS) data to illustrate various health behaviors among adult Californians. BRFSS is the largest, ongoing, telephone health survey in the world. The California BRFSS is an annual effort by the California Department of Public Health (CDPH), Chronic Disease Surveillance and Research Branch, in conjunction with the U.S. Centers for Disease Control and Prevention (CDC), and the Public Health Survey Research Program (PHSRP) to assess the prevalence of and trends in health-related behaviors and to monitor preventable risk factors for chronic diseases and other leading causes of death in the California adult population.

COLORECTAL CANCER SCREENING PRACTICES AMONG CALIFORNIA ADULTS

Colorectal cancer is the third leading cause of cancer and cancer related death in California among both men and women. In 2012, there were 14,114 Californians diagnosed with colorectal cancer and 5,189 deaths as a result of the disease. Yet, this disease is highly preventable, by getting screened starting at age 50. The American Cancer Society recommends that both men and women at average risk for developing colorectal cancer should get regular colorectal screening with either a flexible sigmoidoscopy every five years, a colonoscopy every ten years, or a high-sensitivity fecal occult blood test (FOBT) home kit every year.¹

In 2013, an estimated 64.4 percent of California adults aged 50 years and older reported having been screened for colorectal cancer by any one or more of the three recommended colorectal cancer screening methods (**Table 1**). When observed separately, 17.7 percent reported having a FOBT within the past year while 56.9 percent reported having either a sigmoidoscopy in the past five years or colonoscopy in the past ten years.

The prevalence of having been screened by any of the available screening indicators increased significantly after age 60 and above. The prevalence of the use of any of the three screening indicators was similar between males and females. Hispanic adults (43.3 percent) were less likely to have been screened using any of the three screening methods. Additional findings indicate that California adults who attended some college or more were more likely to have reported being screened for colorectal cancer than adults who did not complete a high school education (**Table 1**). Furthermore, the prevalence of colorectal cancer screening increased with increased income level. Adults without health insurance were significantly less likely to report receiving colorectal cancer screening than adults possessing health insurance.

TABLE 1: Colorectal Cancer Screening Practices Among California Adults, Aged 50 Years and Older, 2013 California BRFSS

	Blood Stool Test (FOBT) in Past Year		Sigmoidoscopy in Past 5 Years, or Colonoscopy in Past 10 Years		Blood Stool Test in Past Year, or Sigmoidoscopy in Past 5 Years, or Colonoscopy in Past 10 Years	
	% *	95% CI	%	95% CI	%	95% CI
TOTALS:	17.7	(15.5 - 19.8)	56.9	(54.1 - 59.7)	64.4	(61.7 - 67.1)
Age						
50 - 59 Years	15.4	(12.0 - 18.8)	41.8	(37.1 - 46.5)	51.6	(46.8 - 56.4)
60 - 69 Years	20.3	(16.4 - 24.2)	67.9	(63.6 - 72.1)	74.6	(70.6 - 78.5)
70+ Years	18.3	(14.6 - 21.9)	69.1	(64.8 - 73.4)	73.6	(69.5 - 77.7)
Gender						
Male	18.2	(15.0 - 21.3)	60.1	(56.0 - 64.2)	66.7	(62.7 - 70.6)
Female	17.2	(14.4 - 20.1)	54.2	(50.4 - 58.0)	62.4	(58.7 - 66.2)
Race/Ethnicity						
White, Non-Hispanic	16.8	(14.5 - 19.0)	61.0	(57.9 - 64.1)	68.2	(65.2 - 71.2)
Black, Non-Hispanic	24.8	(13.3 - 36.3)	58.7	(46.5 - 70.8)	73.4	(63.1 - 83.7)
Hispanic	13.6	(9.2 - 18.1)	37.7	(31.5 - 43.9)	43.3	(36.8 - 49.7)
Other	27.8	(17.5 - 38.1)	71.4	(61.0 - 81.8)	80.4	(71.4 - 89.4)

TABLE 1 (continued): Colorectal Cancer Screening Practices Among California Adults, Aged 50 Years and Older, 2013 California BRFSS

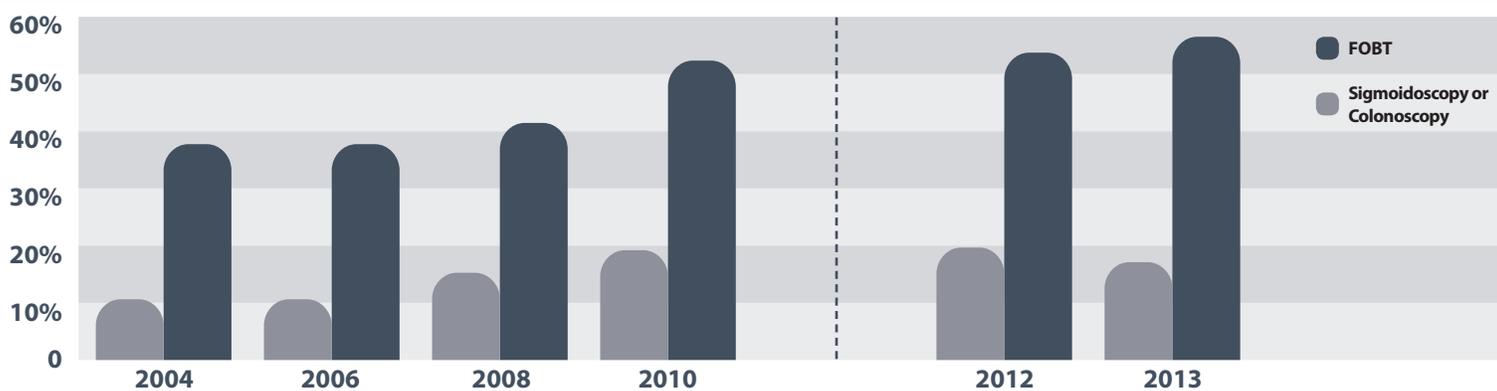
	Blood Stool Test (FOBT) in Past Year		Sigmoidoscopy in Past 5 Years, or Colonoscopy in Past 10 Years		Blood Stool Test in Past Year, or Sigmoidoscopy in Past 5 Years, or Colonoscopy in Past 10 Years	
	% *	95% CI	%	95% CI	%	95% CI
TOTALS:	17.7	(15.5 - 19.8)	56.9	(54.1 - 59.7)	64.4	(61.7 - 67.1)
Annual Household Income						
< \$25,000	13.7	(10.3 - 17.1)	44.4	(39.0 - 49.8)	49.9	(44.4 - 55.3)
\$25,000 - \$49,999	17.2	(12.1 - 22.4)	62.3	(55.7 - 68.9)	69.8	(63.5 - 76.1)
\$50,000 - \$74,999	18.0	(12.1 - 23.8)	63.8	(56.8 - 70.9)	72.4	(66.1 - 78.7)
\$75,000+	20.9	(17.0 - 24.7)	60.9	(56.1 - 65.7)	70.0	(65.4 - 74.6)
Educational Attainment						
Less Than High School	9.3	(4.5 - 14.2)	28.8	(21.5 - 36.0)	34.0	(26.2 - 41.8)
High School or G.E.D.	16.7	(11.6 - 21.8)	54.7	(48.0 - 61.5)	62.5	(55.8 - 69.2)
Some College	18.1	(14.3 - 21.9)	58.3	(53.2 - 63.3)	65.6	(60.8 - 70.5)
College Graduate	19.9	(16.4 - 23.3)	65.0	(60.8 - 69.1)	73.1	(69.2 - 76.9)
Insurance Status						
Uninsured	3.9	(0.4 - 7.4)	18.8	(11.6 - 25.9)	19.8	(12.5 - 27.1)
MEDI-CAL	16.7	(11.1 - 22.3)	50.3	(42.6 - 58.0)	54.7	(47.0 - 62.4)
Private or Other Insurance	19.5	(17.0 - 22.0)	62.6	(59.5 - 65.7)	71.3	(68.4 - 74.2)

* % = Percentage; 95% CI = Confidence Interval (at the 95 percent probability level). • Percentages are weighted to population characteristics. Prepared by the California Department of Public Health, Chronic Disease Surveillance & Research Branch

Figure 1 demonstrates the prevalence of screening for colorectal cancer by either FOBT or by sigmoidoscopy or colonoscopy screening indicators from 2004 to 2013. Despite changes in the BRFSS sampling methods that occurred in 2011, the prevalence of recommended FOBT or sigmoidoscopy or colonoscopy screening indicates no significant differences and has in fact shown an increase over time.

These findings indicate that although screening for colorectal cancer is working in California, significant disparities still coexist. The “80% by 2018”² initiative, led by the National Colorectal Cancer Roundtable, in collaboration with numerous organizations and partners with CDPH, presents a nationwide challenge to eliminate colorectal cancer as a major public health problem and to work towards the goal of closing the gap on existing disparities and achieving 80 percent of adults aged 50 years and older to be regularly screened for colorectal cancer by 2018. Through increased colorectal cancer screening and early detection, colorectal cancer is both a highly preventable and treatable disease.

FIGURE 1: FOBT or Sigmoidoscopy or Colonoscopy Screening, among California Adults, Aged 50 years and Older, CA BRFSS, 2004 – 2013*



* In 2011, changes were made to the BRFSS methodology and therefore, BRFSS estimates from 2011 and beyond cannot be compared to BRFSS estimates from 2010 and prior. Prepared by the California Department of Public Health, Chronic Disease Surveillance & Research Branch

References

- ¹ American Cancer Society, Cancer Facts and Figures 2015. Atlanta, GA: American Cancer Society; 2015.
- ² National Colorectal Cancer Roundtable. Tools & Resources – 80% by 2018. <http://ncrt.org/tools/80-percent-by-2018/>.