



Colorectal Cancer Screening in Idaho, 2014

State of Idaho - Department of Health and Welfare - Division of Public Health

Key Findings

Colorectal cancer screenings were positively associated with the following:

- having health care coverage
- having an increased level of education
- having a personal health care provider
- having higher socioeconomic status
- being a non-smoker
- being married vs. other
- having an annual dental visit
- regularly wearing a seatbelt

Colorectal cancer screening was not associated with the following :

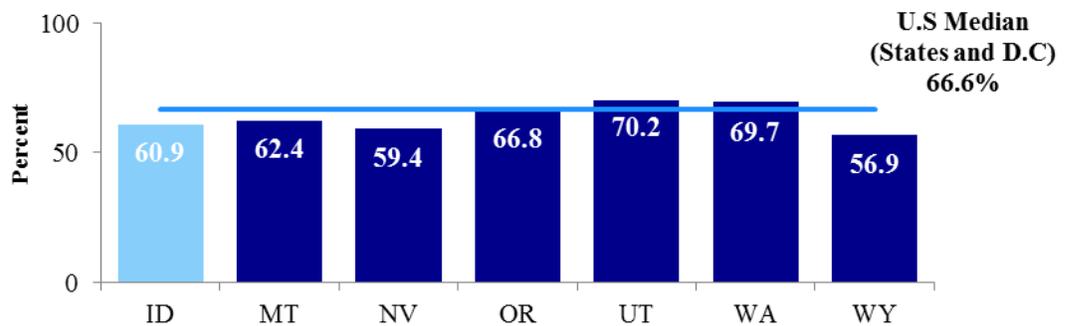
- public health district
- gender
- employment status
- Hispanic ethnicity
- being overweight
- binge drinking
- being obese
- heavy drinking

In 2014, 230 Idaho adults died from colorectal cancer (CRC) (1). Of cancers affecting both men and women, CRC is the second leading cancer killer in the United States. Strong evidence exists that screening for CRC reduces the incidence and mortality of the disease (2). When colorectal cancer is detected at an early stage, treatment often leads to a cure.

Between 2008-2014 the U.S. Preventive Services Task Force (USPSTF) recommended that persons aged 50 -75 years at average risk for CRC be screened for the disease by using one or more of the following methods: fecal occult blood testing (FOBT) every year, sigmoidoscopy every 5 years (with high-sensitivity FOBT every 3 years), or colonoscopy every 10 years (3). This report summarizes findings from Idaho’s Behavioral Risk Factor Surveillance System (BRFSS) regarding colorectal cancer screening among adults aged 50-75.

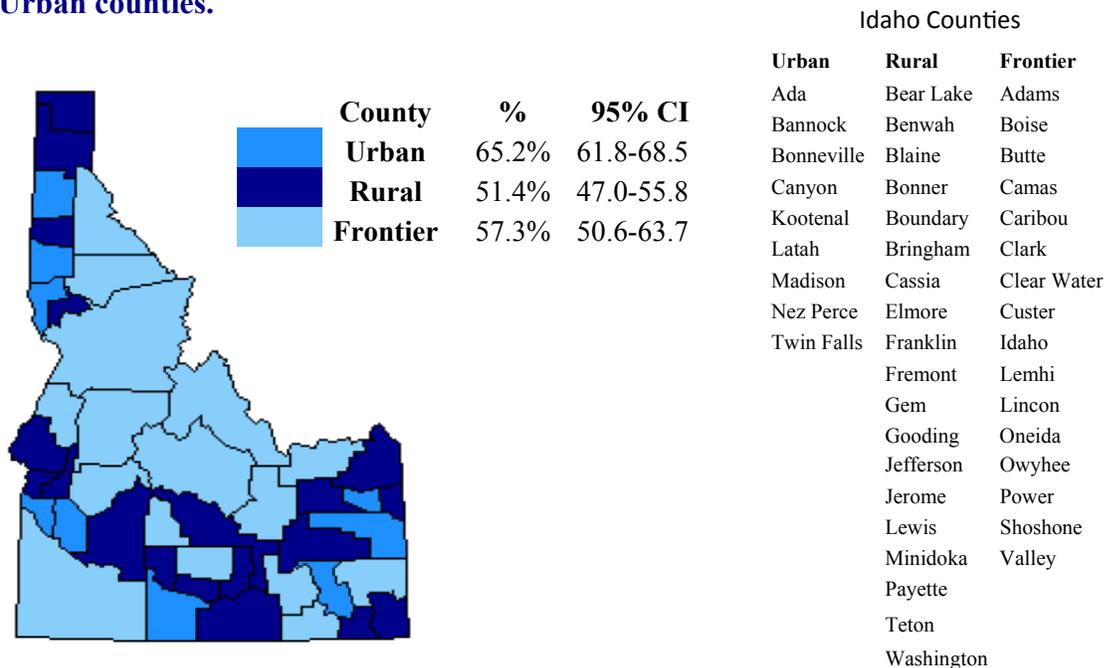
The colorectal cancer screening rate in Idaho was nearly 6 percentage points lower than the national median.

Adults Screened for CRC in Idaho, Neighboring States, and U.S., 2014



Idaho’s CRC screening rate was significantly lower than in Oregon, Washington, and Utah but comparable with Montana, Nevada, and Wyoming.

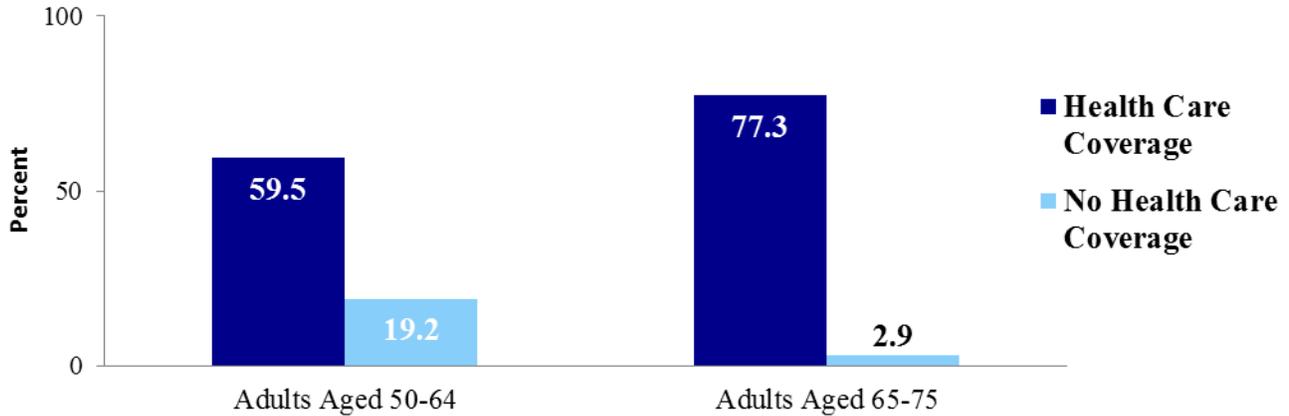
Rural Idaho counties had the lowest screening rate which was significantly lower than Urban counties.



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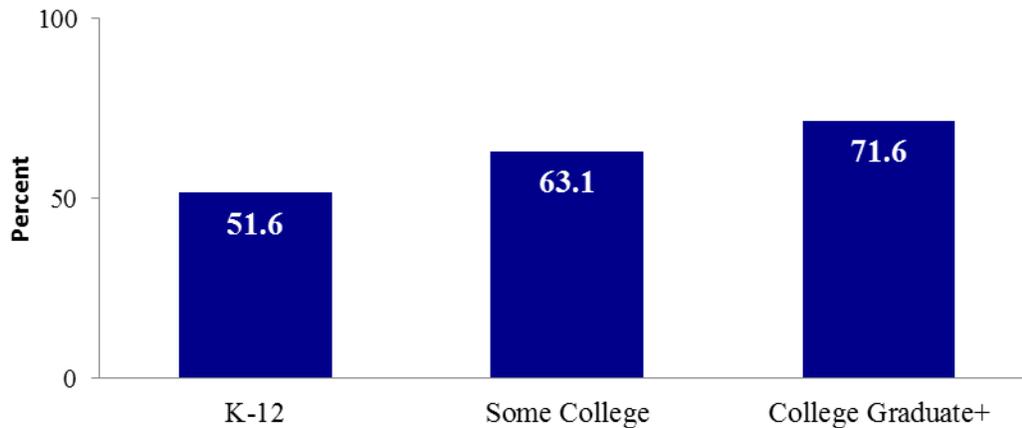
Health care coverage and age group were associated with receiving a colorectal cancer screening.

Idaho Adults Screened for CRC by Age Group and Health Coverage Status, 2014



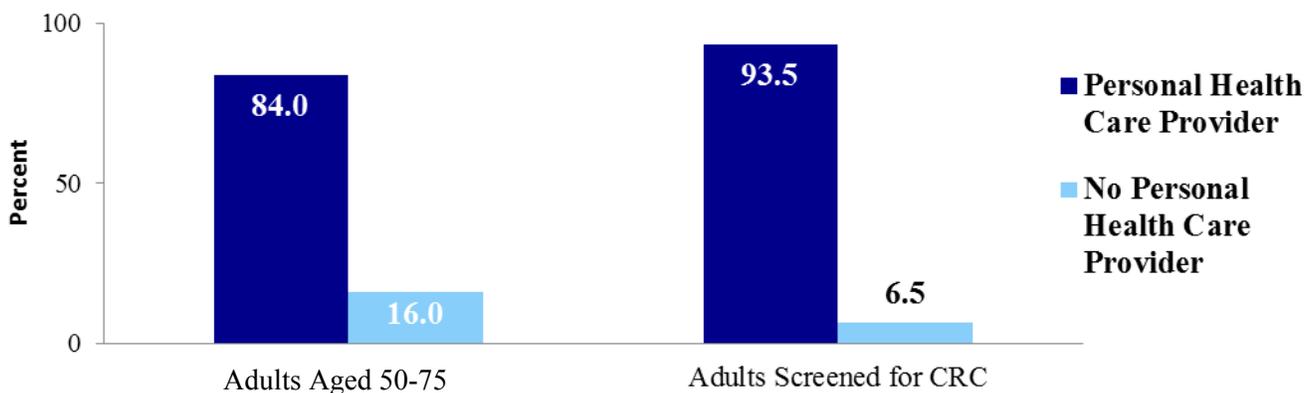
Increased education was associated with increased colorectal cancer screening rates.

Idaho Adults Screened for CRC by Education, 2014



The percentage of adults with no personal health care provider was disproportionately lower among those screened than among all adults aged 50-75.

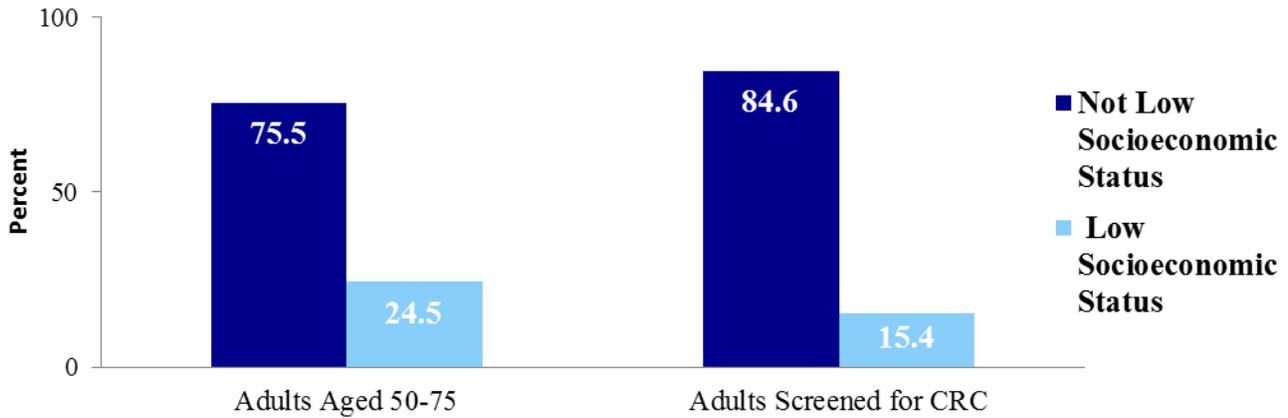
Idaho Adults by Personal Health Care Provider Status, 2014



Colorectal Cancer Screening in Idaho, 2014

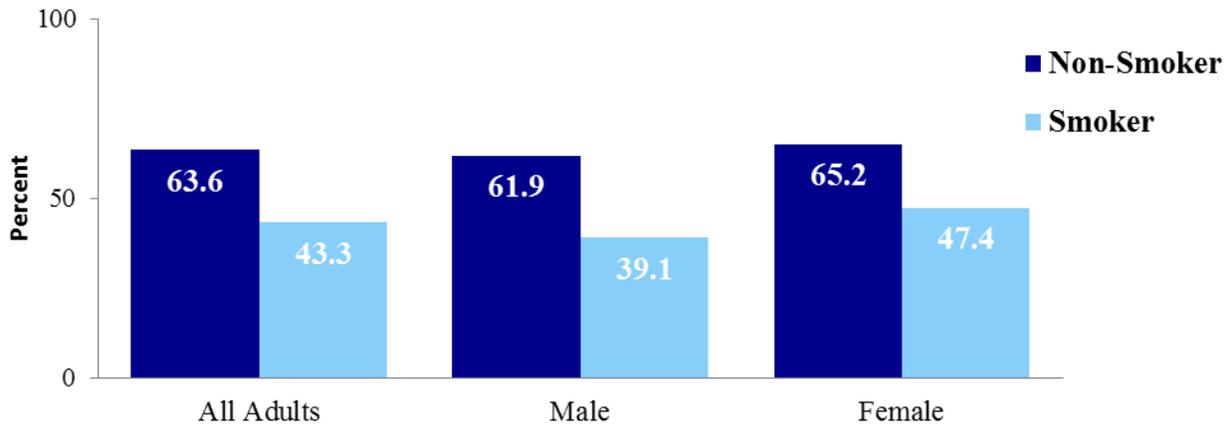
The percentage of adults with low socioeconomic status was disproportionately lower among those screened than among all adults aged 50-75.

Idaho Adults by Socioeconomic Status, 2014



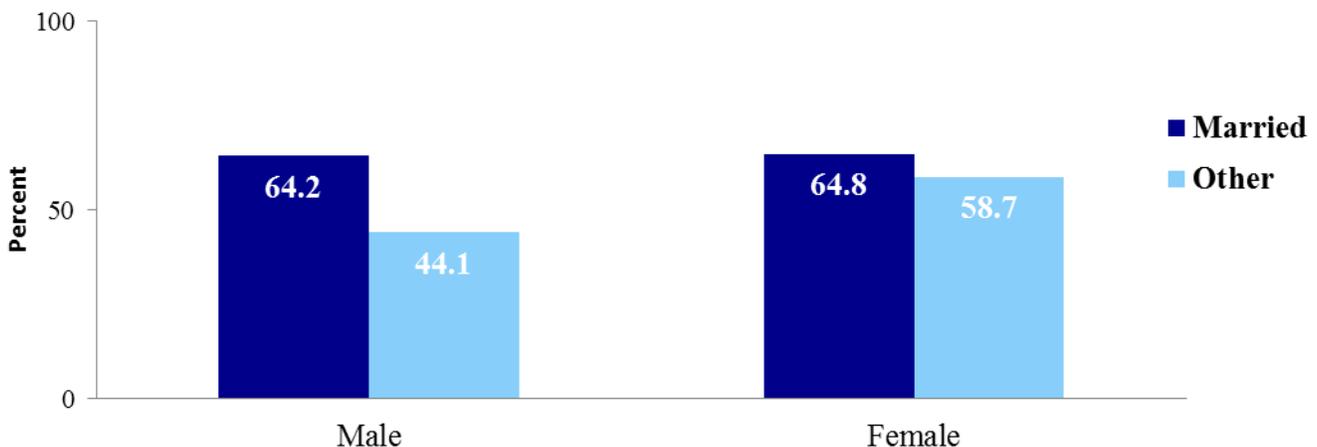
Smokers were less likely to receive a colorectal cancer screening than non-smokers.

Idaho Adults Screened for CRC by Smoking Status, 2014



Unmarried males were less likely to be screened for colorectal cancer than married males. Unmarried and married females had statistically similar screening rates.

Idaho Adults Screened for CRC by Gender and Marital Status, 2014

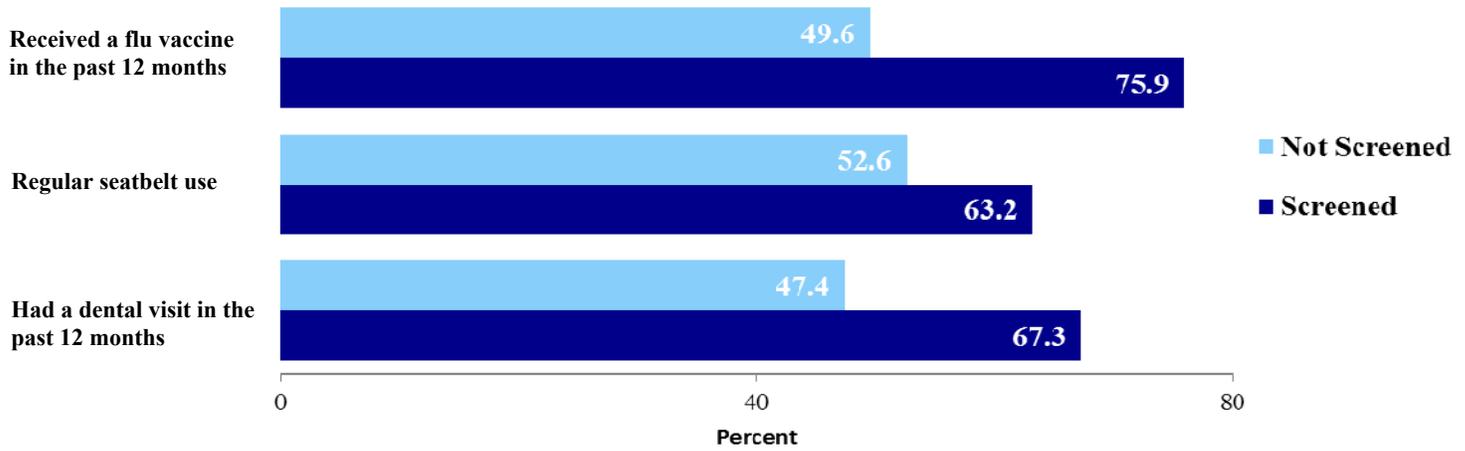


Other consists of adults who are divorced, separated, widowed, never married, or are a part of unmarried couples.

Colorectal Cancer Screening in Idaho, 2014

Adults who received a CRC screening were significantly more likely to engage in other preventive behaviors.

Idaho Adults Screened for CRC by Other Preventive Behaviors, 2014



Definitions

The Idaho Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing randomized public health telephone survey of non-institutionalized adults aged ≥ 18 years. Idaho conducts the BRFSS yearly in conjunction with the Centers for Disease Control, 49 other states, the District of Columbia, and the U.S. territories.

Statistical significance refers to there being a less than 5% probability that results are due to chance. Statistically significant differences between any two estimates were defined as those having non-overlapping 95% confidence intervals.

Urban/Rural/Frontier counties are determined by the population and population density within the county. Urban counties contain a population center of 20,000 or more people. Rural counties possess a population center of $< 20,000$ and density $\geq 6/\text{sq. mi.}$ Frontier counties possess a population center of $< 2,000$ and density $< 6/\text{sq. mi.}$

Healthy People 2020 is used to determine strategic public health objectives by the federal government, states, communities, and many other public- and private-sector partners. Its comprehensive set of objectives and targets is used to measure progress for health issues in specific populations, and serves as 1) a foundation for prevention and wellness activities across various sectors and within the federal government, and 2) a model for measurement at the state and local levels.

Low Socioeconomic Status (SES) is defined as one or more of the following: less than high school education, annual household income less than \$25,500, Medicaid used to pay for most medical care, or not having any health care coverage. Excluded from the low SES category: those with a household income greater than \$50,000 or those with a college education.

Other marital status consists of adults who are divorced, separated, widowed, never married, or part of unmarried couples.

References

- 1) Idaho Vital Statistics 2014, Idaho Department of Health and Welfare, Division of Public Health, Bureau of Vital Records and Health Statistics, May 2016. http://www.healthandwelfare.idaho.gov/Portals/0/Health/Statistics/2014%20Reports/VS_2014_WEB.pdf. Accessed May 27, 2016.
- 2) Zauber AG, Lansdorp-Vogelaar I, Knudsen AB, Wilschut J, van Ballegooijen M, Kuntz KM. Evaluating test strategies for colorectal cancer screening: a decision analysis for the U.S. Preventive Services Task Force. *Ann Intern Med* 2008; 149:659–69.
- 3) US Preventive Services Task Force. Recommendation Summary. <http://www.uspreventiveservicestaskforce.org/Page/Topic/recommendation-summary/colorectal-cancer-screening>. Accessed June 23, 2016.

Acknowledgements

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For more details on this project or any of the survey results, please contact the Bureau of Vital Records and Health Statistics at (208) 332-7326.