

SPECIAL TOPICS

ORIGINAL RESEARCH: FEATURED ABSTRACT FROM THE
19TH NATIONAL CONFERENCE ON CHRONIC DISEASE PREVENTION AND CONTROL

Colorectal Cancer Screening in Washington State: Predictors of Current Screening and Explanations for No Screening

Peggy Hannon, Jeffrey Harris, Diane Martin, Juliet VanEenwyk, Deborah Bowen

Suggested citation for this article: Hannon P, Harris J, Martin D, VanEenwyk J, Bowen D. Colorectal cancer screening in Washington State: predictors of current screening and explanations for no screening [abstract]. *Prev Chronic Dis* [serial online] 2005 Apr [date cited]. Available from: URL: http://www.cdc.gov/pcd/issues/2005/apr/04_0142e.htm.

PEER REVIEWED

Track: Social Determinants of Health Inequities

The purpose of this study was to identify predictors of current colorectal cancer screening in Washington State and to examine participants' reasons for not being screened.

We analyzed data from the 2002 Behavioral Risk Factor Surveillance System for Washington State residents aged 50 years and older (N = 2109). Current colorectal cancer screening was defined as having a fecal occult blood test (FOBT) within the past year and/or sigmoidoscopy or colonoscopy within the past five years. Participants who did not have current FOBT or current endoscopy were asked the primary reason for not obtaining screening.

Overall, current colorectal cancer screening was reported by 51.9% of the sample (FOBT by 25.8%; endoscopy by 42.8%). Univariate analyses showed that several demographic characteristics were significantly associated with screening status, including white race ($P = .04$), aged 65 years or older ($P < .001$), annual income more than \$75,000 ($P < .001$), and having a college degree ($P = .02$).

In a multivariate analysis adjusting for the above characteristics and other likely confounding variables (e.g., sex, marital status), participants were significantly more likely to have current screening if they possessed health insurance (54.2% vs 16.8% for uninsured participants, $P < .001$) and had discussed colorectal cancer screening with a health care provider (67.3% vs 33.4% for participants who had never discussed screening with a health care provider, $P < .001$). Participants were also significantly more likely to report current screening if they lived in a large town or urban area (53.0% vs 42.7% for participants living in small towns/rural areas; $P = .05$).

The majority of participants without current screening cited lack of awareness as the primary reason for not being screened (53.0% for FOBT; 46.9% for endoscopy). An additional group of participants stated their physicians had not recommended screening (24.8% for FOBT; 33.3% for endoscopy). Relatively few participants said they were not willing to be screened (20.4% for FOBT; 18.1% for endoscopy) or cited lack of access (1.8% each for FOBT and endoscopy).

Our results indicate that nearly half of age-appropriate Washington State residents lack current colorectal cancer screening. Awareness of colorectal cancer screening, particularly via speaking with a health care provider, was an important predictor of screening. These findings are consistent with published reports based on National Health Interview Survey data. Interventions should be developed to increase awareness of and physician recommendations for colorectal cancer screening, particularly among disadvantaged patient populations.

The opinions expressed by authors contributing to this journal do not necessarily reflect the opinions of the U.S. Department of Health and Human Services, the Public Health Service, the Centers for Disease Control and Prevention, or the authors' affiliated institutions. Use of trade names is for identification only and does not imply endorsement by any of the groups named above.

Corresponding Author: Peggy A. Hannon, PhD,
MPH, Research Scientist, University of Washington, 1107
NE 45th St, Suite 200, Seattle, WA 98105. Telephone: 206-
676-7859. E-mail: peggyh@u.washington.edu.

The opinions expressed by authors contributing to this journal do not necessarily reflect the opinions of the U.S. Department of Health and Human Services, the Public Health Service, the Centers for Disease Control and Prevention, or the authors' affiliated institutions. Use of trade names is for identification only and does not imply endorsement by any of the groups named above.