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Colorectal cancer screening, 1997-1999: role of income, insurance and policy.

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BACKGROUND: Receipt of age-appropriate cancer screens can lead to reduced incidence and mortality. Yet, low-income and uninsured experience barriers to screening. This paper examines colorectal cancer rates by income, racial and insured groups 1997 and 1999. These years focus on changes pre/post a 1998 policy change for Medicare beneficiaries that reduced their out-of-pocket costs for colorectal screening. **METHODS:** The 1997 and 1999 Behavioral Risk Factor Surveillance System (BRFSS) survey is used to examine changes in age-appropriate fecal-occult blood testing (FOBT), flexible sigmoidoscopy screens. Differences in the odds that Medicare beneficiaries, relative to private insured, receive screens pre/post 1998 are examined using multivariate logit models. **RESULTS:** Average rates of sigmoidoscopy increased significantly during 1997-1999 but remain below desired levels. While Medicare beneficiaries are more likely than privately insured to be screened, gaps between low- versus high-income groups in both Medicare and non-Medicare populations remain. The 1998 Medicare policy change was associated with a significant increase in the odds of screening among low-income (<\$25,000) Medicare beneficiaries. **CONCLUSIONS:** Policy makers should consider reasons for continued low colorectal screening rates among all insured groups. Barriers such as patient perceptions and physician advice should be considered along with the vulnerability that low income and lack of insurance imposes.