

Patient navigators appear to improve colorectal cancer screening rate in ethnically diverse patients

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Among low-income patients who are black or whose primary language is not English, patient navigators may help improve colorectal cancer (CRC) screening rates, according to a report in the May 23 issue of *Archives of Internal Medicine*, one of the JAMA/Archives journals. The article is part of the journal's Health Care Reform series.

According to background information in the article, CRC is one of the country's main causes of cancer deaths. "Nevertheless," the authors write, "approximately 40 percent of eligible adults in the United States and more foreign-born U.S. residents are overdue for CRC screening," especially those who are [racial minorities](#), have [Medicaid](#) or lack [health insurance](#), are [immigrants](#), or socioeconomically disadvantaged. Studies have shown that patient navigators-community members who guide and support patients in receiving care-can positively affect CRC [screening rates](#).

Karen E. Lasser, M.D., M.P.H., from the Boston University School of Public Health, and colleagues conducted a randomized, controlled trial to study the role of patient navigators in encouraging screening for CRC. Among the 465 patients enrolled at Cambridge Health Alliance, a Massachusetts-based community health system, the majority was nonwhite, spoke a primary language other than English and had publicly funded health insurance or no coverage. Researchers randomized the patients to 230 receiving usual care and 235 receiving up to six hours of

patient navigation (in English, Spanish, Portuguese, or Haitian Creole) in six months. (Of the 235 patients assigned to the intervention group, navigators were able to contact 181, or 77 percent.) The study's principal outcome was completion within one year of CRC screening, and researchers also examined colonoscopy rates in particular as well as the proportion of adenomas or cancers found.

At the one-year mark, 33.6 percent of patients in the intervention group had been screened for CRC, versus 20.0 percent of patients in the control group. Within the intervention group, the screening rate was significantly higher among those whom the navigators reached (39.8 %) as opposed to those who were not able to be contacted (18.6 percent). Those receiving the intervention were more likely to be screened with colonoscopy and to have adenomas discovered. The navigators helped improve screening rates among patients whose primary language was not English and among black patients.

The authors state that their results are similar to those of other studies involving patient navigators. And although they call for further study in this area, they also note that these members of the health care team may be important for reaching underserved populations. "Focusing patient navigation on populations of patients who are black and whose primary language is other than English may be a particularly effective approach to reducing CRC screening disparities for these patients," they conclude.

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