

# African Americans get needed colorectal cancer screening through programs

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African-Americans are less likely than whites to be screened for colorectal cancer, and the disparity almost certainly contributes to higher mortality. A new review of studies identifies effective strategies for improving the situation, but suggests that work remains to be done.

“We have seen some success in interventions, and shown that it’s important to tailor approaches to African-American individuals and to use multiple approaches, strategies, and communication media,” said review author Barbara Powe, Ph.D.

The studies’ lack of long term follow-up represents “a gap in research,” however. “We need to learn to design interventions to create patterns of screening that could enhance screening for other cancers as well,” said Powe, a registered nurse and director of [Cancer](#) Communication Science for the American Cancer Society.

The review, which appears in the November/December issue of the *American Journal of Health Promotion*, examined findings from 12 studies in which 116 to 2283 people participated, most of whom were African-American.

Screening promotion programs were most frequently offered in primary care health centers and community-based settings like churches and senior centers. Several programs added personal communication efforts like informational letters, mailed fecal blood testing kits and phone calls.

Most programs addressed problems in access, such as cost and transportation, and some aimed to enlist active participation from doctors and nurses, but these efforts were often not described in detail, Powe said. “If a patient sees his or her provider for non-emergency health problems, are we missing an opportunity to promote cancer screening?”

While a number of studies included interventions to overcome such screening barriers as fear and misconceptions about cancer, it was unclear how effective they were, she said.

To Samir Soneji, Ph.D., the most striking finding of the review was that “intervention studies could be stronger and address barriers more directly. It seems that some of the larger studies didn’t show too much improvement between the intervention and control group.”

The review suggests that “we’re looking at this challenging dilemma piecemeal,” and presents a powerful argument for “a more unified approach,” said Soneji, an assistant professor at the Norris Cotton Cancer Center and the Dartmouth Institute for Health Policy and Clinical Practice,.

Soneji, whose own recent research showed higher [mortality](#) among African-Americans regardless of the stage at which colorectal cancer was diagnosed, called these findings complementary.

“If you combine Dr. Powe’s study and our study, you get a very disturbing picture of colorectal cancer among [African Americans](#),” he said. “There are ever-widening disparities — in screening, staging, treatment, survival — between those with most and least resources.”

**More information:** Powe BD, Faulkenberry R, Harmond L. A review of intervention studies that seek to increase colorectal cancer screening among African-Americans. *Am J Health Promo* 25(2), 2010.

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