

Rural dwellers less likely to follow cancer screening guidelines

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People who reside in rural areas of Utah are less likely to follow colorectal cancer (CRC) screening recommendations than their urban counterparts, according to researchers from Huntsman Cancer Institute (HCI) at the University of Utah. This geographic disparity is evident across all risk groups, including those who have a family history of the disease.

"Our hypothesis was that geography matters," said Anita Kinney, Ph.D., R.N., who leads HCI's [Cancer Control](#) and Populations Sciences Research Program and is principal investigator of the study. "And what we found is that it does indeed matter."

Kinney is a professor in the Department of Internal Medicine at the University of Utah, a Jon and Karen Huntsman Presidential Professor in [Cancer Research](#), and an HCI investigator. The research team's findings are reported in an article appearing in the current issue of the journal [Clinical Gastroenterology and Hepatology](#).

"Other studies have confirmed differences in health care behaviors between urban and rural residents. Ours is the first study to examine the influence of distance from, and availability of, CRC screening providers on the use of risk-appropriate screening among urban and rural dwellers," Kinney said.

[American Cancer Society screening guidelines](#) for patients with a family history of CRC recommend earlier and more frequent testing.

Individuals with a parent, sibling, or child diagnosed with the disease when less than 60 years old are considered at high risk and should begin [colonoscopy](#) screening at age 40, or 10 years before the youngest age of diagnosis in the immediate family, whichever is earlier, and continue at five-year intervals.

Kinney's team analyzed data from the Behavior Risk Factor Surveillance System, a set of telephone surveys coordinated by the Centers for Disease Control and state health departments. The survey routinely includes questions about [cancer screening](#), but not about familial CRC history. Working with the Utah Department of Health, the research team added questions concerning [family history](#) of CRC that indicated whether increased familial cancer risk was present.

"One fact that gets overlooked in addressing compliance with [screening recommendations](#) is the amount of time required for a person to obtain the appropriate screening," said co-author Kevin Henry, Ph.D., an HCI investigator and assistant professor in the Department of Geography at the University of Utah. "With the longer distance travelled, a person may need to set aside a day or more from regular activities for preparations and travel as well as the procedure itself."

Other problems for rural residents may compound the problem, the researchers said. One is that rural residents are less likely to have health insurance that pays for cancer screening. Kinney pointed out that "preventive services such as cancer screening are covered in the Affordable Care Act, and this should increase the number of people who get regular screening."

Another problem, according to the researchers, is that rural dwellers are less likely than urban dwellers to receive a recommendation for CRC screening from a health care provider, which may be due to primary care provider shortages and provider time constraints.

"We know that CRC screening saves lives. The more people screened, the more lives we save," Kinney said.

Provided by University of Utah Health Sciences

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