



The Role of CHWs in Combatting Colorectal Cancer

Health Disparities in Colorectal Cancer

Colorectal Cancer (CRC) is highly preventable through routine screening but is the third most common cancer in the United States with more than 102,000 new diagnoses per year.¹ CRC is the second leading cause of cancer-related deaths in the US. Although men are diagnosed with and die from CRC more often than women, strong racial and socioeconomic disparities exist among both men and women.

United States	Michigan
Black men are more likely to die from CRC than White males (29.1 vs. 19.5 deaths per 100,000 cases, respectively) ²	Black men are more likely to die from CRC than White males (29.4 vs. 18.4 deaths per 100,000 cases, respectively) ²
Black women are more likely to die from CRC than White women (19.7 vs. 13.7 deaths per 100,000 cases, respectively) ²	Black women are more likely to die from CRC than White women (18.5 vs. 13.7 deaths per 100,000 cases, respectively) ²
Lower income (47.6%) and less educated (45.4%) adults aged 50-75 are less likely to screen for CRC ³	Although higher than national levels, lower income (62%) and less educated (66.9%) adults aged 50-75 are less likely to screen for CRC ⁴

Community Health Worker (CHW) Interventions

Education

Educational CHW interventions have been shown to increase client knowledge and awareness about CRC,⁵ as well as CRC screening.⁶ A study of a medically underserved region in Appalachian Kentucky examined the effectiveness of face-to-face CHWs delivering cancer education to male participants. The study found that men had a higher understanding of CRC six months following the CHW-provided education, and a higher percentage of participants reported asking their doctor about colorectal cancer.⁷

Screening

Education, outreach, and patient navigation are all methods by which CHWs promote CRC screening. A group of Chinese American lay health workers (LHWs) provided education about CRC screening to 81 Chinese American community members. Following the education sessions, fecal occult blood testing (FOBT) for CRC among the participants increased from 0% to 55.7%. In addition to screening rates, participant awareness of screening options, FOBT, sigmoidoscopy, and colonoscopy increased significantly, and the number of participants who believed that screening can prevent CRC increased from 39% to 82.9%.⁸

Health System Navigation

Patient navigation has been recommended and documented to increase CRC screening and appropriate follow-up care.⁹ A study comparing individuals from East Harlem, New York City both with and without patient navigators found that patient navigation can significantly improve screening rates among patients referred for CRC screening. Three months after the referral, 18.4% of patients with navigators had appointments for an endoscopy, compared to 0% of the control group. The navigation group was also more likely to complete an endoscopy 6 months following the referral (23.7% vs. 5.0%).¹⁰

A randomized trial of individuals with abnormal colorectal screenings found that patients with a patient navigator had their diagnoses resolved at a significantly quicker rate when compared to patients without a navigator.¹¹



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Article Title	Year	Target Population	Intervention Type
Using a Lay Cancer Screening Navigator to Increase Colorectal Cancer Screening Rates	2015	N/A	Patient navigation and screening promotion
Dissemination of colorectal cancer screening by Filipino American community health advisors: a feasibility study. Health Promotion Practice	2013	Filipino Americans	Patient education and screening promotion by community health advisors
Effectiveness of community health workers in providing outreach and education for colorectal cancer screening in Appalachian Kentucky	2012	An underserved geographic region	CHW led patient education
A pilot study of lay health worker outreach and colorectal cancer screening among Chinese Americans. Journal of Cancer Education	2010	Chinese American women	Lay health worker group education sessions
Use of a patient navigator to increase colorectal cancer screening in an urban neighborhood health clinic	2005	Urban residents	Patient navigation and screening promotion
A multilevel intervention to promote colorectal cancer screening among community health center patients: results of a pilot study. BMC Family Practice	2009	Urban minorities	Patient navigation and screening promotion
Effectiveness of lay health worker outreach in reducing colorectal cancer screening disparities in Vietnamese Americans	2014	Vietnamese Americans	Lay health worker group education sessions
The longitudinal impact of patient navigation on equity in colorectal cancer screening in a large primary care network	2014	Vulnerable populations	Patient navigation and screening promotion
Patient navigation improves cancer diagnostic resolution: an individually randomized clinical trial in an underserved population	2012	Low income minorities	Patient navigation to resolve diagnoses

Article abstracts available by clicking the hyperlinked article titles above; full citations are below

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