

# Colorectal Cancer Program Improves Screening Uptake in Minorities

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## **Culturally Tailored Colorectal Cancer Education Program Improved Awareness and Screening Uptake in Racial/Ethnic Minorities and Rural Populations**

People who received information from the Screen to Save program, a culturally tailored initiative from the National Cancer Institute (NCI) Center to Reduce Cancer Health Disparities (CRCHD), increased their knowledge of colorectal cancer and indicated willingness to adopt potentially preventive behavior changes, according to results of a study published in [Cancer Epidemiology, Biomarkers & Prevention](#), a journal of the American Association for Cancer Research.

Colorectal cancer is the third most commonly diagnosed cancer in U.S. women and men, according to federal statistics. Previous research has shown that members of many racial/ethnic minority groups, as well as Americans in medically underserved communities, experience increased mortality from the disease, due in part to lower rates of screening and longer delays in follow-up after abnormal test results. These disparities are likely attributable in part to sociocultural barriers including economic disadvantage, lack of insurance and provider continuity, and longer travel distances to care.

"It is critically important to take action at the community level in order to meaningfully reduce colorectal cancer disparities," said Sanya A. Springfield, PhD, director of the CRCHD and an author of the paper.

In 2016, the NCI, working through its National Outreach Network (NON), launched the [Screen to Save](#) program, an outreach and screening initiative aimed at increasing colorectal cancer screening rates in adults age 50 and older from racial/ethnic minority groups or from rural areas. The program also aligned with [recommendations](#) from the National Cancer Advisory Board's Blue Ribbon Panel from the Cancer Moonshot. The National Outreach Network trained community health educators to provide culturally tailored information, education, and colorectal cancer screening resources to members of these communities, bearing in mind their attitudes, beliefs, and practices.

In this study, colleagues at CRCHD evaluated whether participants in the Screen to Save program increased their knowledge of colorectal cancer. In Phase I of the program, researchers developed toolkits of information on colorectal cancer to be taught by community health educators at 42 Screen to Save sites. The toolkits were tailored to various racial/ethnic groups; for example, a toolkit intended to be used in African American communities was designed for use with faith-based organizations, whereas a program for American Indians incorporated a member of the community who shared his personal experience with colorectal cancer. Participants were enrolled in the study while in community settings, such as Spanish-language church services, barbershops, and salons.

In Phase II of the program, the community health educators implemented various models of “connection to care” — for example, distributing colorectal cancer screening tests, partnering with patient navigators, and provision of colonoscopy referrals.

The researchers developed an 18-question knowledge survey to assess change in knowledge before and after participation in the Screen to Save program. In all, 3,183 people between age 50 and age 74 completed the survey. Results showed that every population group’s knowledge about colorectal cancer increased significantly after they had participated in the educational session. Prior to the educational session, most groups correctly answered an average of 12 or 13 questions about colorectal cancer; after the session, most groups answered 15 or 16 questions correctly.

Researchers gauged willingness to be screened and to practice preventive behaviors, such as healthy eating, and found significant improvement after the program. Researchers observed certain distinctions among the population groups; for example, African Americans and Hispanics/Latinos were significantly more likely to talk about colorectal cancer with family and friends than non-Hispanic whites. Asians and African Americans were the most likely to report that they would eat healthier. Hispanics/Latinos were more likely to increase physical activity compared with non-Hispanic whites.

In Phase II, nine of the 42 Screen to Save sites assessed follow-up with colorectal cancer screening. Of the 441 participants in this phase, 45 percent had never been screened for colorectal cancer. Of those, 50 percent obtained screening in the three-month follow-up period.

Another 109 participants were due for screening, and 47 percent of them obtained screening during the follow-up period.

“The results of the study indicate that culturally tailored programs are effective and could be expanded on a national level,” said LeeAnn Bailey, MD, PhD, chief of CRCHD’s Integrated Networks Branch, another study author. “Future initiatives should focus on large-scale national efforts that are modifiable to meet community needs.”

Bailey added that public health practitioners should consider a few key points in their design of culturally tailored strategies:

- They must be actionable;

- They must provide connections to care, along with outreach and education efforts; and
- They must have standardized data collection instruments, toolkits, and data elements.

Sandra San Miguel-Majors, MS, a CRCHD program director and another author of the study, noted that future research needs to increase inclusion of some vulnerable populations, such as American Indians/Alaska Natives and Native Hawaiians/Pacific Islanders, who were limited in number in this study.

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