

Understanding Barriers to Colorectal Cancer Screening and Care

Three studies identify ways to boost screening for colorectal cancer and address rising deaths among young people.

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Rising rates of [colorectal cancer](#), especially among young people, have researchers seeking to identify ways to increase [cancer screening](#). Three new studies published in JAMA Network and JAMA Oncology offer potential avenues for meaningful change: [socioeconomic](#) status, accessibility of health care and basic unmet needs.

Colorectal cancer is the second most common cause of cancer-related deaths among men and women combined. This year alone, 55,230 will die of the disease, according to the [American Cancer Society](#) (ACS). From 2013 to 2022, overall colorectal cancer incidence dropped by about 1% each year, mostly among older adults. But for people younger than 50, it increased by 2.9%.

A study published in [JAMA Oncology](#) found that over the last 30 years, colorectal cancer deaths rose only among [young adults](#) without a four-year college degree. Analyzing data on over 101,000 adults between ages 25 and 49 who died of colorectal cancer between 1994 and 2023, ACS researchers found that mortality for [college](#) graduates remained stable at 2.7 per 100,000 people but rose significantly for young adults with a [high school](#) education or less, from 4.0 to 5.2 per 100,000 people.

The researchers noted that while [education](#) does not protect young people from colorectal cancer, a lower education level is linked to lower socioeconomic status, which likely correlates with higher colorectal death rates. [Obesity](#), physical inactivity, [smoking](#) and poor [diet](#) are “known to be elevated among children and young adults with lower [socioeconomic status],” according to the researchers.

Colorectal cancer can be difficult to treat at advanced stages, but [early detection](#) with regular screening can improve health outcomes. The United States Preventive Services Task Force recommends colorectal cancer screening for adults ages 45 to 75. Those at increased risk, such as

those with [inflammatory bowel diseases](#) (Crohn's disease or ulcerative colitis) or a family history of colorectal cancer or polyps, may benefit from earlier screening, [according to the Centers for Disease Control and Prevention](#).

People with unmet health-related social needs, like [housing](#) instability and [transportation](#) barriers, were less likely to be up to date on colorectal cancer screening, especially individuals ages 50 to 64, according to [a study published in JAMA Network](#). Researchers from Ohio State University, the State University of New York at Albany and cancer and research centers in Alabama, Ohio, Texas, and Minnesota ACS researchers analyzed data on 14,528 adults ages 42 to 75 who were eligible for colorectal cancer screening.

“Our findings underscore the importance of addressing cumulative social risk within both clinical and community-based [prevention](#) efforts,” wrote the study’s authors. “Interventions that integrate social care into health care workflows and address multiple barriers simultaneously may help reduce persistent disparities in [colorectal cancer] screening and outcomes.”

A second [study published in JAMA Network](#) found that concerns about the cost of health care and logistical barriers to care were associated with lower screening rates for colorectal, breast and cervical cancer. The barriers most frequently cited included out-of-pocket [costs](#), nervousness about seeing clinicians and inability to get time off work.

Researchers from Weill Cornell Medical Center analyzed data on 160,691 adults who were eligible for various cancer screenings, including lung, prostate, colorectal, cervical and breast cancer. Overall, screening adherence was low but was highest for colorectal cancer. About 54% of adults with access to health care were screened for colorectal cancer. As barriers increased, however, screening decreased; indeed, adults who reported at least three barriers to screening were 18% less likely to be screened for colorectal cancer.

“Our findings highlight that individuals facing multiple overlapping barriers are particularly vulnerable to being under-screened and underscores the need for interventions that simultaneously address these overlapping barriers,” wrote the study’s authors.

To learn more about colorectal cancer, read Cancer Health’s basics on [Colon Cancer](#) and click [#Colorectal Cancer](#).