Repeat CRC Screening after Standard and Decision Support and Navigation Interventions Among Hispanic Primary Care Patients.

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BACKGROUND:
• Colorectal cancer (CRC) screening rates are relatively low among Hispanic Americans as compared to non-Hispanic whites and African Americans.
• The disparities in CRC screening and mortality persist even when adjusting for education, income, and insurance status.1
• Effective interventions are needed to raise CRC screening rates, reduce mortality, and increase survival in this growing segment of the population.

OBJECTIVE:
To deliver a Decision Support and Navigation Intervention (DSNI), based on preferred educational materials and cultural educational material versus (2) SI mailing intervention plus decision support and navigation (DSNI, N=197) delivered by a bilingual patient assistant.

METHODS:
Delivery of a dual arm centralized intervention including (1) Standard mailing intervention (SI, N=203) of stool blood test (SBT) kit and instructions, colonoscopy instructions and educational material versus (2) SI mailing intervention plus decision support and navigation (DSNI, N=197) delivered by a bilingual patient assistant.

OUTCOMES:
• 3,720-eligible patients
• SI arms randomized to SI
• DSNI arms randomized to SI

RESULTS:
• 203 patients randomized to SI
• 36 DSNI patients screened via SBT (36%)
• 30 SI patients screened via SBT (30%)
• 36 DSNI patients repeated screening (62%)
• 10 SI patients repeated screening (22%)

CONCLUSION:
Lower than optimal repeat screening in both arms suggests that continued outreach and assistance is needed to maintain persistent adherence.

The rate of repeat screening completion, particularly colonoscopy, may suggest both interventions facilitated a patient-provider conversation around CRC screening.

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REFERENCES: