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Barriers to Screening Colonoscopy for Hispanic Patients in Omaha, Nebraska

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Abstract

Colorectal cancer (CRC) is the second leading cause of cancer death in the United States. Early detection through screening is crucial for reducing mortality rates. However, the Hispanic population in the US are less likely to adhere to CRC screening guidelines. The objective of this study is to identify barriers to screening colonoscopy among Hispanic patients in Omaha, Nebraska. Ninety-two Hispanic patients from OneWorld Community Health Center were interviewed via phone. The survey evaluate sociodemographic characteristics and potential barriers to colonoscopy. From the interviews, the most common barriers identified were lack of follow-up, affecting (16.30%) of patients, lack of insurance (10.87%), and lastly, lack of understanding of the procedure (9.78%). Understanding these barriers to screening colonoscopy in the Hispanic population could increase adherence and potentially reduce the mortality rate.

Background/Introduction

Colorectal cancer (CRC) is the second leading cause of cancer death in the United States, with an estimated 106,590 new cases expected in 2024. Patients diagnosed with localized CRC have a 5-year survival rate of (91.1%)¹.

The overall mortality from CRC in the US has declined due to better screening and treatments. However, the decline is slower among Hispanic compared to the rest of the population³. The National Health Interview Survey indicates that Latinos are (47%) less likely to adhere to current CRC screening guidelines compared to non-Hispanic Whites (64%) and non-Hispanic Black (59%).

We conducted our interview-based research at OneWorld Community Health Center, addressing the Hispanic population of Omaha.

The purpose of this project is to identify the barriers to screening colonoscopy among Hispanic patients.

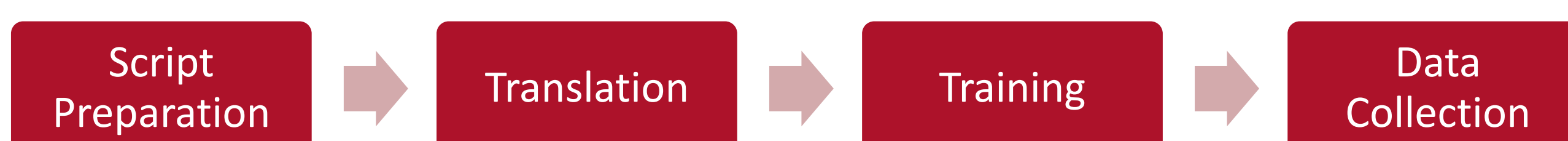
Methods

We called 347 patients from OneWorld Community Health Centers who were referred for colonoscopy screening from 2019 to 2024. These patients were Hispanic men and women between the ages of 35 and 75 living in the Omaha, Nebraska area. Out of the 347 patients called, 92 agreed to participate in the interview.

The questionnaire was created by the UNMC faculty and approved by the OneWorld leadership. It was then translated into Spanish by professional interpretive service.

After that, we obtained approval from the UNMC IRB to conduct the survey. Next, we were trained by Dr. Delair; the goal of this training was to ensure that we could administer the phone interviews while minimizing biases, complying with all ethical considerations, and collecting consistent data. The survey was conducted via phone at OneWorld Community Health Centers, which helped us achieve a higher response rate. Interviews were conducted in both English and Spanish, depending on the patient's primary language.

Data Collection and Preparation Methodology:



Results

Table 1: Demographic Characteristics of Patients

Sample Characteristics	n	%
Gender		
Men	33	36
Women	59	64
Education		
High School or Less	76	83
Some College	4	4
Bachelor/Graduate	9	10
Employed Status		
Employed for Wages	42	46
Self-Employed	4	4
Homemaker/Unemployed	25	27
Retired	18	20
Insurance Status		
Self-pay/Slide	37	40
Hope	6	7
Medicare/Medicaid	17	18
Private Insurance	33	36

Note: N=92. Patients were between the ages of 35-75, average 54.7 (SD= 9.64)

Figure 3: Lack of Understanding of the Procedure by Level of Education

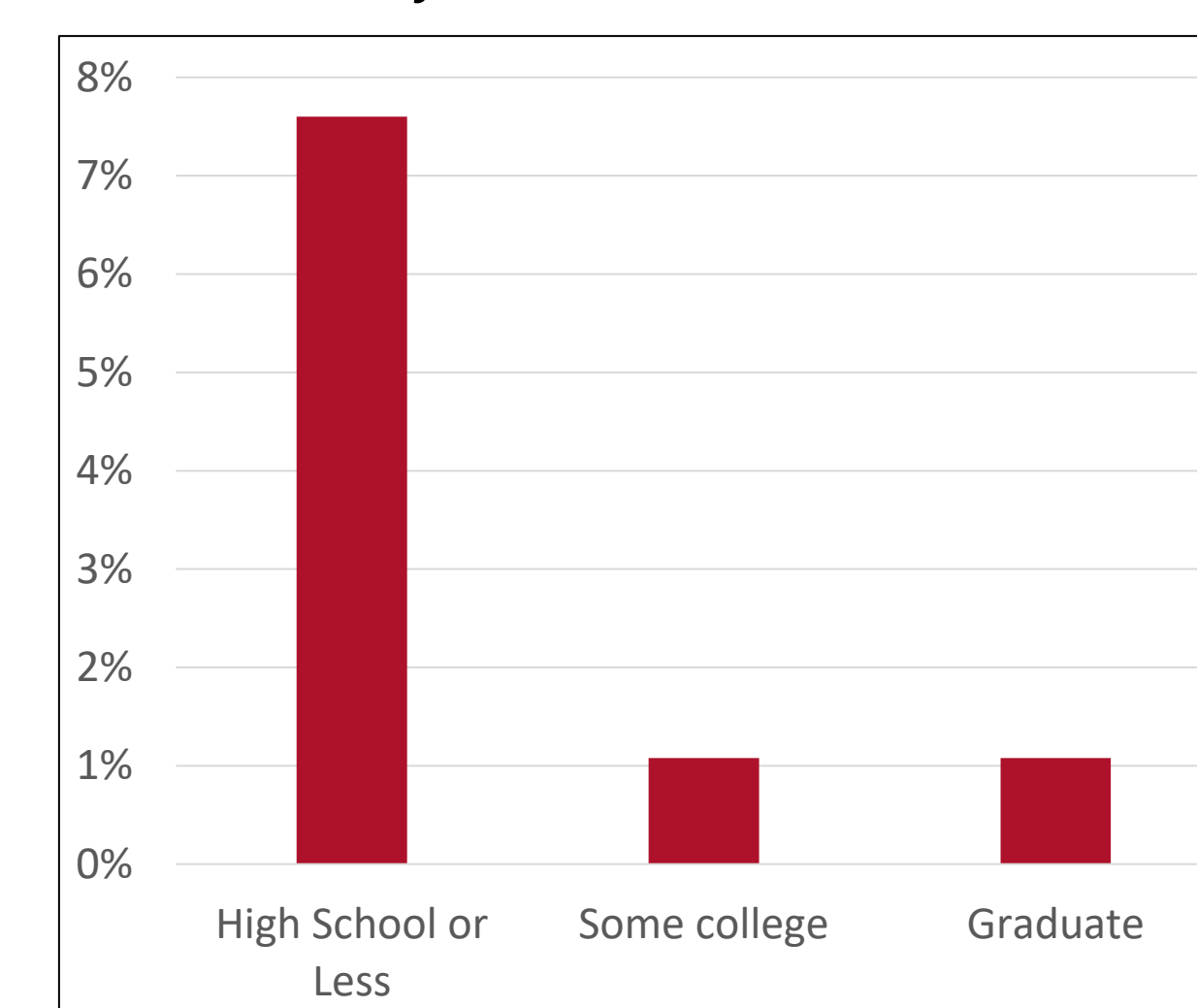


Figure 4: Lack of Follow-up by Insurance Type

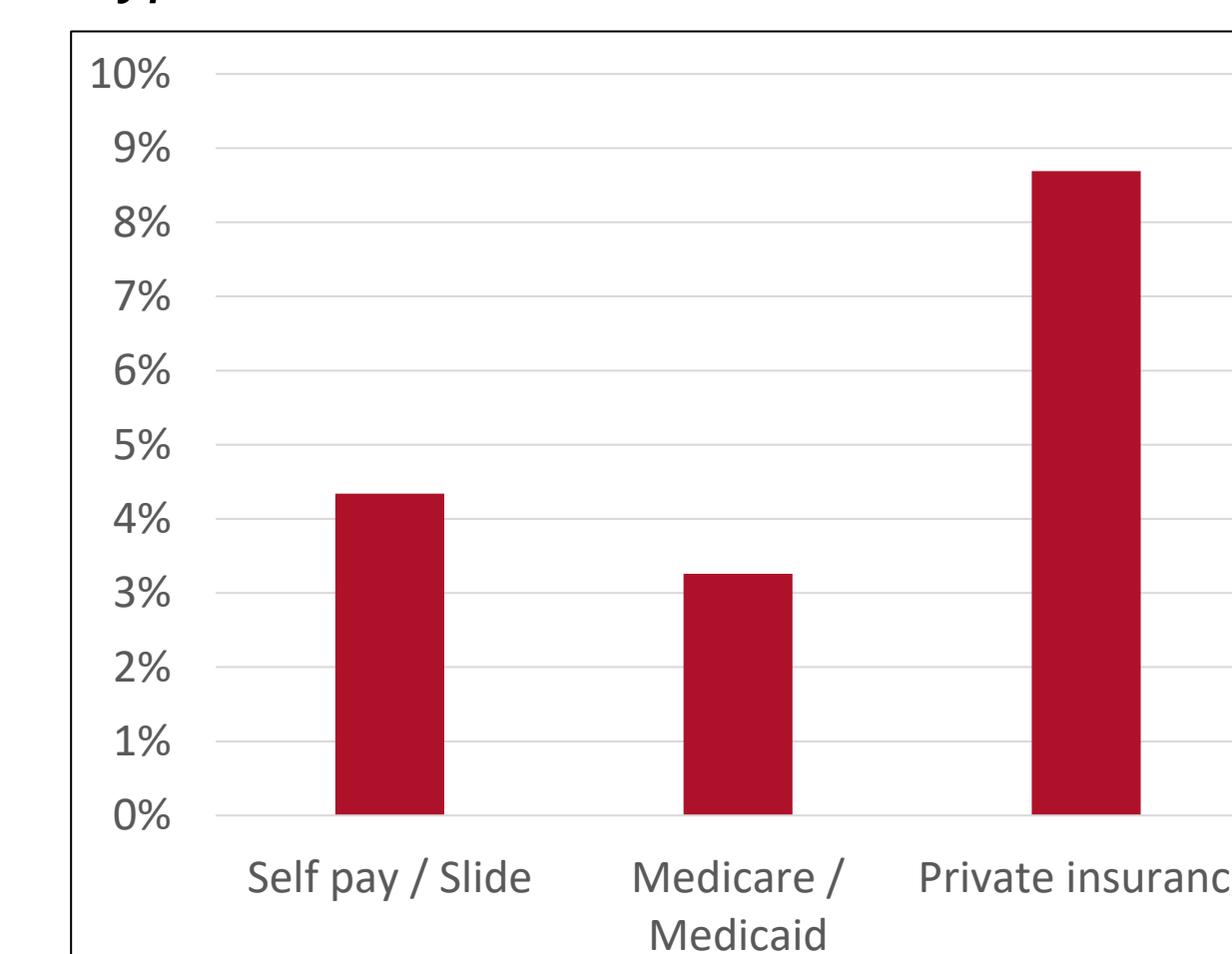


Figure 1: Barriers to Screening Colonoscopy Assessed

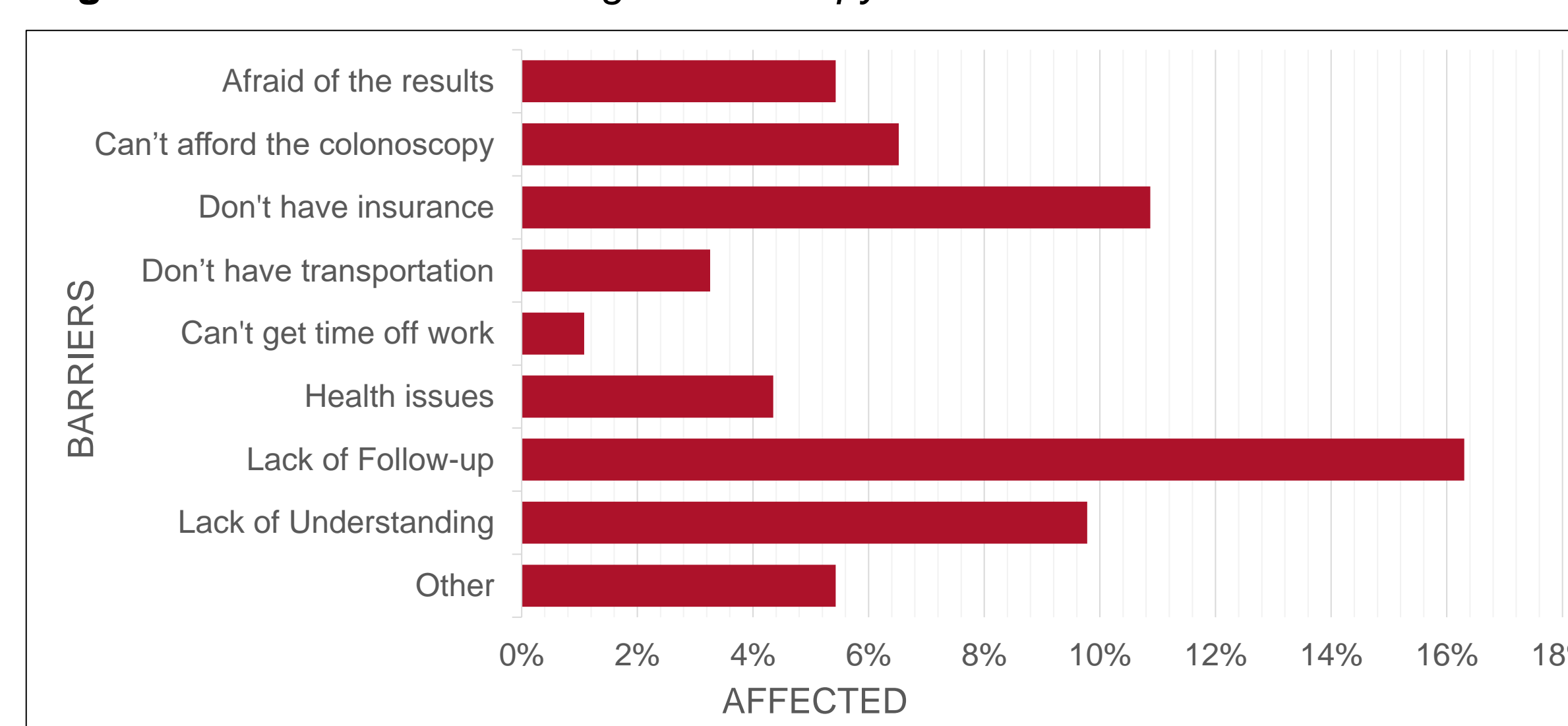
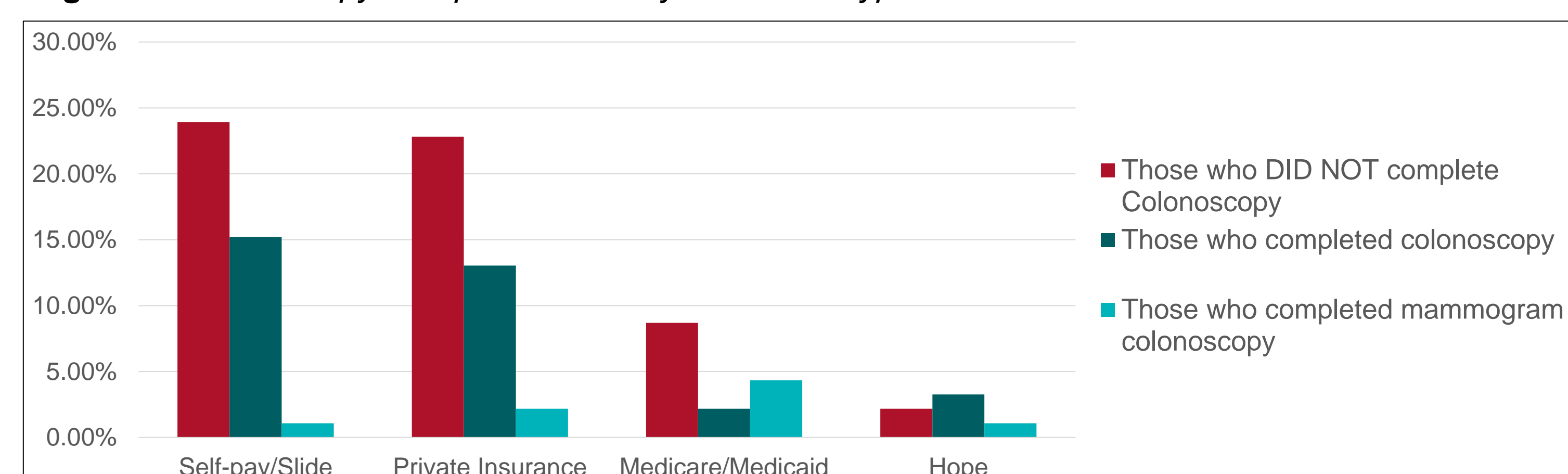


Figure 2: Colonoscopy Completion Rate by Insurance Type



Analysis of Results

From Table 1, the data reveal that (64%) of the patients in the study were women, and overall, (83%) of the patients (both men and women) had a high school education or less. Regarding employment status, (46%) were employed for wages, and (27%) were either homemakers or unemployed. In terms of health insurance, most patients relied on self-pay/Slide scale (40%). Analyzing the barriers to colonoscopy, lack of follow-up (16.30%) emerged as the most prevalent issue, particularly among those with private insurance. Another barrier identified was a lack of understanding about the procedure, which was more frequent among patients with a high school education or less. The completion rates of colonoscopies by insurance type were similar, with comparable values observed between self-pay/Slide scale patients and those with private insurance.

Conclusion

The findings from this study indicate that multiple barriers impede Hispanic patients in Omaha, Nebraska, from completing screening colonoscopies. A lack of follow-up, understanding, and financial limitations represent the most prevalent barriers among Hispanic patients in Omaha, Nebraska.

Future Directions

- To gain a broader understanding of the issues future research should investigate the barriers faced by the Black community.
- To overcome some of these barriers, we need follow through with scheduling appt because an order in the chart is not enough. Also, sending infographics to explain colonoscopy as a procedure and screening tools may improve patient's education.

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