



Effectiveness of patient-targeted interventions to promote cancer screening among ethnic minorities: A systematic review



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ABSTRACT

Background: Cancer is a major public health problem due to its incidence, morbidity and mortality. A large proportion of cancer cases and deaths could be prevented through the implementation of cancer screening programmes. However, there are social inequalities in patient access to these programmes, especially in underserved communities and minority populations.

Objective: To identify, characterise and analyse the effectiveness of patient-targeted healthcare interventions to promote cancer screening programmes in ethnic minorities.

Methods: A comprehensive search of bibliographic databases was conducted. The results of our systematic review were reported in accordance with the PRISMA guidelines.

Results: Seventeen articles were identified and included in the review. Sixteen of the seventeen studies were conducted in the United States and one was conducted in Israel. Fifteen of the seventeen interventions selected were effective in increasing cancer screening rates. Moreover, five of the seventeen studies found an improvement in cancer knowledge, awareness, self-efficacy, attitudes, intention and perceptions, and three studies found a positive change in health beliefs and barriers. The results show that culturally adapted interventions appear to increase the rate of participation in cancer screening. In addition, the effectiveness of the interventions seems to be related to the use of small media, one-on-one interactions, small group education sessions, reminder strategies, and strategies for reducing structural barriers and out-of-pocket costs.

Conclusion: Culturally adapted patient-targeted healthcare interventions can help to reduce racial or ethnic inequalities in access to cancer screening programmes. Further research is needed to develop interventions to promote adherence to cancer screening programmes with repeat testing and vigorous economic evaluation methodologies.

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1. Introduction

Cancer is an enormous burden on society because of its incidence, prevalence and mortality. It is one of the leading causes of morbidity and mortality worldwide, with approximately 14.1 million new cases and 8.2 million cancer-related deaths in 2012. Over the next two decades, the number of new cases is expected to rise by about 70% [1].

A significant proportion of cancer cases and deaths could be prevented by implementing effective prevention measures [1]. In fact, prevention is the most cost-effective strategy for long-term cancer control [2]. The mainstays of cancer prevention are health education and early detection through cancer screening programmes [3]. Screening is a method for early detection of medical conditions that may lead to disease in persons so far without symptoms. Cancer detected by screening is usually (not always) in an early stage and has better chances for successful treatment. Consequently, screening reduces mortality and morbidity [4]. According to existing guidelines, population-based screening using mammography is recommended for breast cancer, Pap tests for cervical cancer, and faecal occult blood tests (FOBT), flexible sigmoidoscopy or colonoscopy for colorectal cancer [5–9].

Research suggests that the effectiveness of cancer screening programmes depends on population participation. According to some authors, a cancer screening program should achieve high participation to be effective [7,10,11]. To address this, organised cancer screening programmes with population-based screening are recommended for colorectal, cervical and breast cancer [7,10,11]. Nevertheless, population-based screening programmes are not implemented in all countries and many different segments of the population have difficulties in accessing these health services due to social disparities [12,13]. These social inequalities in cancer care have been noticed especially in socioeconomically disadvantaged groups, underserved communities and minority populations [14]. The literature indicates that socioeconomic status and education are important predictors of participation in screening programmes and screening rates vary widely across these vulnerable groups [14]. According to Shavers et al. [15], ethnic minorities experience difficulties participating in cancer screening programmes due to several factors, and this is reflected in low rates of uptake of recommended screening tests and higher stages at diagnosis [16]. The main factors that have the potential to influence whether a patient receives optimal cancer care are structural barriers, factors that influence physician recommendations and factors that influence patient freedom of choice and/or

decision-making [15]. These barriers to access to cancer care are manifested in disparities of cancer incidence and death rates between and within racial and ethnic groups [17].

As a result, increasing access to screening has been the mainstay of the battle against racial or ethnic disparities in cancer care [15] and quality improvement interventions have been developed [18]. Emerging evidence suggests that health disparities are multifactorial and solutions require the involvement of stakeholders at the individual and community level across interventions that improve health behaviour and opportunities [19]. Ahmed et al. [14] proposed a conceptual framework to promote equity in cancer care, including the development of strategies and policies, cultural competency, community partnership and patient-centred care. Previous studies recommended intervention strategies such as provider assessment and feedback, client reminders, one-on-one education, small media, group education and reducing client out-of-pocket costs [6,20]. There is literature related to cultural competency and the importance of its integration into all levels of healthcare [21]. Additionally, in an effort to reduce health disparities, patient navigation has been proposed as an innovative intervention to address known barriers to obtaining cancer care [22]. However, to the best of our knowledge, there have been few systematic reviews evaluating the effectiveness of interventions to promote cancer screening programmes among ethnic minorities. Therefore, the main objectives of this systematic literature review were to identify and characterise the patient-targeted interventions that aimed to promote cancer screening among racial or ethnic minorities. Additional aims were to assess the effectiveness of each intervention, and to establish which characteristics were associated with a greater probability of success.

2. Material and methods

This paper is part of a broader systematic review that aims to identify and analyse healthcare interventions to improve healthcare in socially vulnerable population groups [23,24]. The review and its procedures were planned, conducted and reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines [25].

3. Data sources and searches

A specific search strategy was developed for Medline through Ovid (combining MeSH terms and keywords) and then adapted

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