Title of Intervention: Culturally Tailored Navigator Program for Colorectal Cancer Screening

Intervention Strategies: Supportive Relationships

Purpose of the Intervention: To decrease barriers to and increase rates for colorectal cancer screening for patients

Population: Low-income, non-English speaking patients aged 52-79 who were not up-to-date with colorectal cancer screening

Setting: Health care facility and patient homes in Massachusetts; health care facility-based, home-based

Partners: Administrators at the health care facility

Intervention Description:
- Supportive Relationships: During initial contact at the health care facility, a bi-lingual patient navigator educated non-English speaking patients about colorectal cancer and screening methods and explored the patients’ barriers to screening. The navigator helped schedule appointments, reminded the patient about the appointments, reviewed and translated preparation instructions, organized transportation and accompanied patients without available family members. The patient navigator updated the patients’ medical record with the colorectal cancer screening results. Between all of the navigators, languages spoken were Spanish, Arabic, Farsi, Portuguese, Russian, Serbo-Croatian and Somali.

Theory: Not mentioned

Resources Required:
- Staff/Volunteers: Bilingual patient navigators
- Training: Training for navigators
- Technology: Not mentioned
- Space: Meeting space for training and meeting with patients
- Budget: Approximately $75,000 a year
- Intervention: Educational materials in relevant languages, telephone
- Evaluation: Access to patient charts, navigators' notes

Evaluation:
- Design: Randomized controlled trial
- Methods and Measures:
  - Patient charts were reviewed to assess colorectal cancer screening rates,
  - A navigator took notes to gather information on patients’ perceived barriers to screening

Outcomes:
- Short Term Impact: In most cases, navigators addressed each barrier identified by the patients.
- Long Term Impact: Over a nine-month period, intervention patients were significantly more likely to undergo colorectal cancer screening than control patients.

Maintenance: Not mentioned

Lessons Learned: A culturally tailored, language-appropriate navigator program designed to identify and overcome barriers to colorectal cancer screening can significantly improve screening rates for low income, ethnically and linguistically diverse patients.

Citation(s):