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### Barriers to Colorectal Cancer Screening for Low-Income Hispanic Men in Urban Areas Between 50-75

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## Background

In the United States, colorectal cancer (CRC) has emerged as a significant public health concern, ranking as the second leading cause of cancer-related deaths (1). With early detection and timely treatment, the survival rates for CRC can be significantly improved. However, certain populations, such as Hispanic adult males (HAM) living in urban areas, are disproportionately affected by low screening rates and increased CRC morbidity and mortality (3). While CRC impacts individuals of all socioeconomic backgrounds, HAM and those residing in low-income communities are particularly vulnerable to disparities in access to screening and healthcare resources (4). Multiple factors contribute to the disparity in CRC screening rates among HAM, including poverty (5), language barriers (7), citizenship status (8), and inadequate health literacy (9). Furthermore, cultural factors, such as machismo, can impede healthcare-seeking behaviors and exacerbate the challenges faced by this population (10). The correlation between low socioeconomic standing and other health conditions, such as mental health disorders and substance abuse, may also contribute to the increased burden of CRC in HAM (11).

There is a growing need to address the specific barriers faced by HAM in urban areas in order to develop effective interventions that promote CRC screening and reduce health disparities (12). Identifying the unique challenges encountered by this demographic is essential for creating targeted, culturally sensitive, and community-based strategies to enhance screening rates and ultimately reduce CRC morbidity and mortality (13). This line of research holds significant relevance in the context of public health, as it aims to understand and address the underlying factors that contribute to CRC disparities and promote equitable access to CRC screening and treatment resources in at-risk communities (14).

## Methods

This systematic review was conducted by searching five publication databases: PubMed, Scopus, Embase, NCBI, and Google Scholar. Types of studies included: systematic reviews, cohort studies, observational studies, longitudinal studies, and retrospective cohort studies, published within the last 15 years.

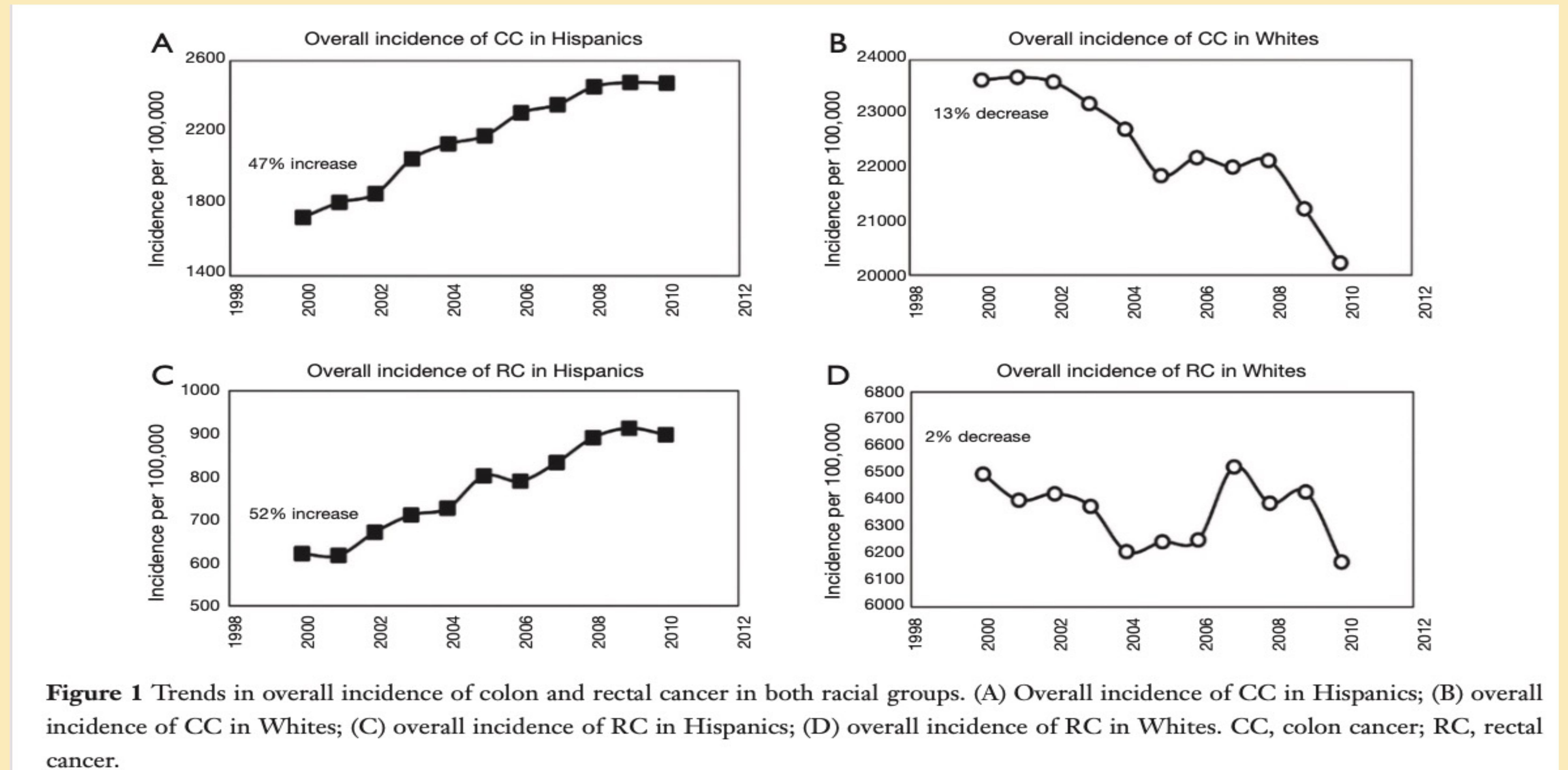
**Inclusion criteria:** adult individuals aged 50-75 years living in low-income communities in the United States and other countries with similar socioeconomic structures, at risk for or diagnosed with colorectal cancer. Studies examining factors influencing colorectal cancer screening rates, access to healthcare resources, and treatment outcomes were also included.

**Data analysis:** Methodologies, outcomes, and recommendations from the selected publications were extracted and subsequently reviewed qualitatively. A thematic analysis was conducted to identify common barriers, facilitators, and potential interventions for improving colorectal cancer screening and treatment outcomes in the target population.

## Results

The results of this review aim to identify systemic, community, and patient-centered barriers for colorectal cancer (CRC) screening in low-income areas in America, with a focus on disparities between non-Hispanic Whites and Hispanic males. A 2019 study by Koblinski et al. found that disparities existed in colon and rectal cancer screening between Hispanics and non-Hispanic Whites. The study reported that 44.1% of Hispanics underwent screening compared to 59.5% of non-Hispanic Whites (2). In terms of CRC diagnoses, the 2017 report by Siegel et al. indicated that the age-standardized incidence rate for Hispanic males was 40.2 per 100,000, while for non-Hispanic White males, it was 44.9 per 100,000 (1). These disparities in screening rates and diagnoses highlight the need for improved access to and awareness of CRC screening in the Hispanic population.

Out of 1,200 participants, 650 cited transportation difficulties, lack of awareness about screening options, and inadequate insurance coverage as major barriers to accessing CRC screening (16). Studies have shown that language barriers further contribute to



lower screening rates among Hispanics (4). In addition, cultural factors such as machismo, which emphasizes traditional masculine roles, have been found to negatively influence health-seeking behaviors and contribute to lower screening rates among Hispanic males (7).

In a study by Byrd et al., facilitators for CRC screening within a Hispanic population included education about the importance of early detection and the use of culturally appropriate materials (7). The American Cancer Society recommends that average-risk adults begin CRC screening at age 45 (8). However, access to screening options such as colonoscopy, flexible sigmoidoscopy, and fecal immunochemical test (FIT) may be limited in low-income communities (9). Furthermore, a lack of health literacy and limited access to healthcare services contribute to the disparities in CRC screening among Hispanics (10).

Efforts to address these barriers and improve CRC screening rates among Hispanics include the implementation of community-based interventions, such as the use of promotores (community health workers) to provide education and support (16). Additionally, targeted interventions to increase awareness and knowledge about CRC screening, as well as addressing cultural factors that may influence health-seeking behaviors, can help to reduce disparities and improve health outcomes for Hispanics (25).

## Discussion

This review examines disparities in colorectal cancer (CRC) screening and diagnoses between Hispanic males and non-Hispanic White males in low socioeconomic areas. Evidence suggests systemic barriers, including patient-based factors like cultural barriers and language issues, provider-based factors such as lack of culturally appropriate materials, and community-based obstacles like inadequate insurance coverage and transportation difficulties. These findings align with prior research on

healthcare access barriers for other conditions among low-income and minority populations. To improve CRC screening rates among Hispanics, interventions must be made at multiple levels, addressing patient, provider, and community-based barriers.

## Conclusion

Colorectal cancer disproportionately affects Hispanic populations, and this review highlights the barriers they face in accessing CRC screening services. Healthcare providers, policymakers, and community leaders must work together to address patient-centered barriers through public health campaigns, improve communication with Hispanic patients, and ensure equal access to screening services. Community-based obstacles can be tackled by improving transportation options and increasing accessible CRC screening facilities in Hispanic neighborhoods. Future research should evaluate intervention effectiveness and explore additional strategies to reduce disparities in CRC screening and outcomes for Hispanic populations, ultimately saving lives.

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