Modifying a Breast Cancer Risk Factor Survey for African American Women

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Purpose/Objectives: To evaluate a breast cancer risk factor survey for use with African American women.

Design: Two focus groups consisting of women randomly selected from the patient population of Henry Ford Health System in Detroit, MI.

Setting: A large, vertically integrated, private, nonprofit health system.

Sample: Focus Group I consisted of 11 African American women aged 18–50, with a mean age of 41 years. Focus Group II consisted of nine African American women aged 51 and older, with a mean age of 60.9 years.

Methods: A qualitative approach was used to gather and interpret the focus group data.

Main Research Variables: Perceptions of a breast cancer risk factor survey and perceptions of breast cancer risk factors.

Findings: The focus group participants suggested ways to improve the survey. Women in the younger age group appeared to lack awareness regarding breast cancer risk factors. Women in the older age group reported not knowing their family health histories.

Conclusions: Based on comments made by the focus group participants, the survey was modified substantially. Breast cancer risk factors were perceived differently by women in the two age groups.

Implications for Nursing: Results of a survey of a large, ethnically diverse sample of women could inform the development of culturally and age-appropriate nursing interventions designed to address breast cancer risk perceptions and enhance the likelihood of adherence to recommended mammography screening guidelines.

Breast cancer affects the mortality of African American women in disproportionate numbers relative to their Caucasian counterparts (Bacquet & Commiskey, 2000; Bailey, Erwin, & Berlin, 2000; Chu, Baker, & Tarone, 1999; Chu, Tarone, & Brawley, 1999; Connor, Touijer, Krishnan, & Mayo, 2001; Dignam, 2001; Earp, Altpeter, Mayne, Viadro, & O’Malley, 1995; Gorey et al., 1997; Howard, Penchansky, & Brown, 1998; Hunter, 2000; Joslyn & West, 2000; Koduri, Fuqua, & Pooia, 2000; Roberson, 1994; Thomas & Flick, 1995; Wu et al., 1998). In fact, although breast cancer mortality rates have decreased for Caucasian women, these rates have not decreased in a commensurate fashion for African American women (Chu, Tarone, et al.; Howard et al.). As Chu, Tarone, et al. noted, African American women have not benefited as much from advances in breast cancer early detection as Caucasian women. This finding is corroborated by other researchers as well (McCarthry, Yood, et al., 1996; Yancey, Tanjasiri, Klein, & Tunder, 1995). Differential breast cancer screening practices may contribute to disparities in breast cancer diagnoses and treatment outcomes by racial group (Howard et al.; McCarthy, Ullickas, et al., 1996; McCarthy, Yood, et al.; Philips, Cohen, 1999; Thomas & Flick, 1995; Wu et al., 1998).

Key Points . . .

➤ A survey designed for use in the general population may need to be revised for use with members of specific population groups (e.g., African American women).

➤ Focus groups can be held with individuals whose demographic characteristics are similar to those of the individuals who will complete the survey. The groups evaluate the survey for clarity and suggest ways to modify the survey to make it more appropriate for the individuals who will complete it.

➤ Focus groups also can provide a means of obtaining data related to perceptions of cancer risk from individuals with particular demographic characteristics that can be incorporated into interventions designed to facilitate cancer screening in certain population groups.

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