Exploring Disparities and Variability in Perceptions and Self-Reported Colorectal Cancer Screening Among Three Ethnic Subgroups of U.S. Blacks

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Colorectal cancer (CRC) is the second leading cause of cancer deaths among American men and women, with 51,370 deaths and 142,570 new cases estimated to occur in 2010 (American Cancer Society [ACS], 2010). Trends since the early 1980s indicate that U.S. blacks have at least a 20% higher incidence, a 40% higher overall mortality, and a lower five-year relative survival rate compared to whites (ACS, 2008; Kelly, Dickinson, Degraffinreid, Tatum, & Paskett, 2007). The lower rates of survival may reflect disparities in access to and receipt of high-quality screening and treatment as well as later stage at diagnosis (ACS, 2008, 2010; Kelly et al., 2007). Early CRC is curable, and current screening guidelines are aimed at early detection or prevention through the discovery and removal of polyps before they become cancerous (ACS, 2008; Kelly et al., 2007).

Given the high rates of CRC in U.S. blacks and the recent increase in immigrants from the Caribbean and Africa, a broad question is whether the influx of adult foreign-born blacks from these and other regions of the world is likely to improve or exacerbate the already startling black-white cancer health disparities. A specific question in this article is whether disaggregation of U.S. blacks by region of birth may facilitate understanding of CRC perceptions (e.g., awareness of screening tests, perceived risk, barriers to screening) and self-reported screening behaviors among ethnic subgroups.

Background Literature

Studies disaggregating the U.S. population based on region of birth have found that foreign-born people have better general health outcomes than U.S.-born people, but as the number of years living in the United States increases, their health status begins to mirror that of U.S.-born people. Studies disaggregating the U.S. population based on region of birth have found that foreign-born people have better general health outcomes than U.S.-born people, but as the number of years living in the United States increases, their health status begins to mirror that of U.S.-born people.