

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

Purpose/Objectives: To explore perceptions of colorectal cancer (CRC) and self-reported CRC screening behaviors among ethnic subgroups of U.S. blacks.

Design: Descriptive, cross-sectional, exploratory, developmental pilot.

Setting: Medically underserved areas in Hillsborough County, FL.

Sample: 62 men and women aged 50 years or older. Ethnic subgroup distribution included 22 African American, 20 English-speaking Caribbean-born, and 20 Haitian-born respondents.

Methods: Community-based participatory research methods were used to conduct face-to-face individual interviews in the community.

Main Research Variables: Ethnic subgroup, health access, perceptions of CRC (e.g., awareness of screening tests, perceived risk, perceived barriers to screening), healthcare provider recommendation, and self-reported CRC screening.

Findings: Awareness of CRC screening tests, risk perception, healthcare provider recommendation, and self-reported use of screening were low across all subgroups. However, only 55% of Haitian-born participants had heard about the fecal occult blood test compared to 84% for English-speaking Caribbean-born participants and 91% for African Americans. Similarly, only 15% of Haitian-born respondents had had a colonoscopy compared to 50% for the English-speaking Caribbean and African American subgroups.

Conclusions: This exploratory, developmental pilot study identified lack of awareness, low risk perception, and distinct barriers to screening. The findings support the need for a larger community-based study to elucidate and address disparities among subgroups.

Implications for Nursing: Nurses play a major role in reducing cancer health disparities through research, education, and quality care. Recognition of the cultural diversity of the U.S. black population can help nurses address health disparities and contribute to the health of the community.