

African American Perspectives on Cancer Prevention

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Abstract

The Health Disparities in Cancer Awareness research project yielded 32 in-depth interviews with African Americans discussing cancer prevention. Participants were recruited primarily through street outreach methods. The results indicate prevention messages should relay the risks of smoking and alcohol use, as well as counter negative health beliefs such as feelings of invincibility and mistrust of healthcare practitioners. African Americans may feel more comfortable, be more revealing of their true behaviors, and more accepting of health information, if there were more neighborhood health centers staffed with African American doctors and nurses. Media campaigns targeted toward African Americans should promote overall good health, healthy diet and exercise, and the importance of regular and frequent doctor visits.

Background

In the United States, both health status and poverty play a role in failed attempts to eliminate health disparities experienced by African Americans, Latino/as, Native Americans, and Filipino Americans. African Americans, who represent 13.4% of the U.S. population (U.S. Census Bureau, 2008), are twice as likely as White Americans to be uninsured, less likely to have a regular source of healthcare and tend to receive lower quality health care (Institute of Medicine, 2003). In 2005 through 2006, 12.6% (37.5 million) of Americans were living in poverty; the rate for African Americans was 24.3% (U.S. Census Bureau, 2008). Poverty increases barriers to health care due to inadequate health insurance, lack of paid time off, lack of childcare and transportation resources, and the presence of competing demands (Ashing-Giwa et al., 2003).

Many Americans have two or more cancer risk factors such as smoking, unhealthy diet, alcohol use, and/or sedentary life style; each risk factor is linked to mortality in the U.S. For example, an estimated 76 million Americans are addicted to alcohol (Anderson, 2003), which is associated with liver disease, chronic heart failure, and various forms of cancer. For those living in poverty, particularly African Americans, additional socio-economic burdens such as living in high crime areas, unemployment and greater residential instability resulting in psychological stress, increase the likelihood of decreased health status (Felitti et al., 1998).

Between 2000 and 2004, the breast cancer incidence rate for African Americans was 118.3 per 100,000; for Hispanics it was 89.3 per 100,000; for Asian Americans/Pacific Islanders it was 89.0 per 100,000; for American Indians/Alaska Natives it was 69.8 per 100,000; and for White women it was 132.5 per 100,000 (American Cancer Society, 2007). Cancer is the second leading cause of death in most U.S. populations, but African Americans with cancer tend to have greater mortality and morbidity, experience lower five-year survival rates, and have poorer survivorship experiences than other groups (Gray, 2008). Even when free breast and cervical cancer screening services and transportation are offered, many African American women still do not participate (Meana et al., 2001; McGarvey et al., 2003).

The importance of prevention increases as resources for treatment decline and client health problems become increasingly difficult. To serve African Americans, we need to know what types of cancer prevention messages are most effective in African American communities. In addition, health care practitioners need to be educated about prevention as part of their generalist education, including knowledge about how best to communicate with African American patients regarding cancer prevention (Volland et al., 2003).

This qualitative study explores these research questions:

- 1) What are the specific cultural needs of African Americans that must be met in order for them to accept and incorporate education about cancer?
- 2) What are the barriers to accessing cancer prevention messages in African American communities?

Research has shown that effective strategies designed to meet the goal of cancer prevention in African American communities provide culturally appropriate, evidence-based services using outreach workers and/or patient navigators (Fowler et al., 2006). Community-based interventions that acknowledge the significance of spirituality have also been shown to be effective (Morgan, Gaston-Johansson, & Mock, 2006; Gibson & Hendricks, 2006), as have messages targeted to a specific race, culture, and age. For example, younger women need to know cancer risks and screening locations; older women need education about the disease, risk factors, and screening (Alpeter, Mitchell, & Pennell, 2005). Viswanath and Emmons (2006) also draw attention to the possibility that social factors such as class and neighborhood may moderate health outcomes.

Methods

Participants (N = 32) were selected using purposive sampling methods, targeting African American communities and recruiting participants by street outreach methods (e.g., placing flyers in grocery stores, street fairs, bus stops, and convenience stores) and through word of mouth. In-depth interviews with African Americans were conducted to discuss cultural needs and potential barriers to the reception of cancer prevention messages targeted at African Americans. Researchers paid a \$15.00 cash incentive to participants for an initial interview and an additional \$15.00 for each subsequent interview. Each interview session was audio-taped and transcribed. Transcribed data was summarized and categorized based on emergent themes relevant to the research questions.

Sample Profile

Interviewees (n=32) were Black/African American (72%, n=23), African, (6%, n=2), and mixed race (22%, n=7), ranging in age from 18-41; 17 (53%) were male and 15 (47%) were female. Household income ranged from \$5,000 to \$100,000, and the majority of participants reported some college-level education. Four participants did not have health insurance.

Findings

Cultural Factors

Health Beliefs and Behaviors

Based on qualitative interviews, participants expressed their opinions and views on African American culture, health beliefs, and behaviors that either hinder or promote cancer prevention and health promotion, and the need to take responsibility for one's health. Participants repeatedly explained that Black culture is American culture and that American culture is the culprit, citing fast food, alcohol, and sedentary lifestyles as primary factors contributing to cancer risk. Participants did not see Black culture as different from American culture.

American culture is Black culture and Black culture is American culture. American culture is so unhealthy with all the fried foods, McDonald's and other fast food places, so it's not Blacks, it's America.

You have to keep your body in shape and up to par. You can't just sit around and expect your body to be healthy all the time.

Socially, that's what we do and that's why you see high cancer rates in African American women and men. It's hard because it's what we do.

Alcohol and smoking are a problem for us. It's a major factor in the health status of African Americans.

Educational Needs

A number of study participants admitted having little knowledge of any type of cancer other than breast. Most participants reported they did not know how to prevent cancer and knew little about the disease. Furthermore, most participants wanted more information about all types of cancer and cancer prevention. Interviewees discussed the importance of self-exams and early detection and cited early death as one of the consequences of irregular doctor visits. Stress management and healthy coping were discussed as an alternative to drug and alcohol use, which were seen as unhealthy coping strategies used by members of their community. Concerns about sedentary lifestyles and unhealthy diet were seen as contributing to the problem.

I don't think there is enough knowledge out there and some forms of cancer are put above others and there should be more of a spectrum of cancer education and healthy behavior.

I really don't know how to prevent it. Most of the time you find out stuff too late.

I think they should try to get people to be more aware; market to youth at a younger age and tell them about preventive measures.

Start providing information at a young age, teens think they know everything but they don't. We should inform them about their bodies and if we know what prevents cancer, we can teach them to stay away from it.

Encourage and Motivate Screening

Participants generally wanted cancer prevention education to begin earlier in the life cycle, such as in elementary school. They believed that providing increased information on the morbidity and occurrence of cancer among African Americans would motivate screening. Participants discussed the importance of reaching out to high-risk communities and providing detailed information when targeting high-risk populations. Some participants felt hopeless about cancer prevention and how to help the community. Participants generally suggested that universal healthcare was needed in the U.S., including free transportation and visits as a way to motivate screening. They also recommended increasing diversity among professionals in health clinics and social service agencies.

Outreach is important and letting people know that support and help is there and making it accessible. Further, universal healthcare would include free visits and transportation to testing sites.

Maybe get free testing about breast cancer so that they can have more information about it. For instance, they have free shuttles that go to hospitals maybe they can have free shuttles or bus passes and people can come down to testing sites.

People are more apt to talk to and get help from members of their own communities so use people from our communities. Have diversity in the agencies; that would make me feel more comfortable about going to the doctor.

Media Prevention Campaigns

Some participants suggested including information on the consequences of late detection of cancer in media education campaigns, while others recommended using testimonials from

cancer survivors who would personalize the messages. The use of community-organizing methods, such as door-to-door outreach, was recommended. Participants suggested utilizing neighborhood meetings to inform families and community members about cancer. They also suggested involving celebrities such as entertainment figures and other influential people in cancer prevention efforts. The use of incentives such as cash payments for participating in cancer screenings, free transportation and health visits, and opportunities to meet celebrities and athletes to motivate screenings was suggested by all participants.

They can go to cancer education meetings to get more information about it. Use celebrities to put out the word they can role model to the youth or to the people.

Organizations can market to the community-like have picnics and barbeques, and have awareness days at the barbeque. We've seen walk-a-thons but that's been done. Let's try a new marketing technique, use incentives like free stuff or cash payments.

Barriers to Accessing Cancer Prevention Messages

Poverty

Almost a quarter (24.3%) of African Americans lived in poverty. Participants were candid about the effects of poverty and the lack of health insurance in African American communities and their subsequent effects on health status, sharing that poor people often have more immediate concerns such as rent and food that take priority over health care.

I mean it's obviously a cycle of poverty so that people are born in poverty and stay in poverty.

If I don't have money how am I going to look for help?

If there's no insurance then you can't or won't go to the doctor. People have to worry about eating and rent... and then something else comes up.

Perceptions of Racism and Mistrust

Participants also mentioned themes including racism, mistrust of doctors, and the impact of perceptions of racism and history on relationships with health care providers. A few participants felt that gender was more of an issue in this regard than race.

It affects the African American communities in many ways: don't like, don't trust so they stay away from them.

Racism can affect everybody because if I'm feeling mistreated I'm not going to look for help.

If I think you are racist, why would I tell you the truth (about symptoms and risk factors) or go see you?

We don't believe the information we won't come because we can't trust you then you rush us out of the office.

Lack of Rapport and Communication

Many participants indicated a desire to feel comfortable with their physician. They felt that if there were more African American health care workers, researchers and scientists, African American patients would feel more comfortable and less intimidated when seeking care. Participants agreed that African Americans would probably be more inclined to "hear" their doctor if there was racial

concordance and that African American doctors would be seen as having a vested interest in African American communities.

If I didn't feel comfortable with my doctor, I wouldn't tell them everything because I wouldn't want to share that information with them.

African Americans would feel more comfortable going to a Black doctor. They might want to go to the doctor and would be more willing to tell the truth about symptoms and behavior

Sometimes in the Black community they need someone like them in terms of race and gender.

Every culture would feel more comfortable with their own. More minorities need to move to self-help to help out their own kind.

Lack of doctors affects us greatly, African Americans would feel less intimidated because we could relate to them, if more African American's become doctors, scientists, nurses, teachers then African Americans as a whole would better itself.

Discussion

This paper aimed to identify and describe barriers to accessing cancer prevention messages and to identify specific cultural needs of African Americans in this area. African Americans are at increased risk for cancer due to such factors as poverty, lack of health insurance, health behaviors and competing demands (Ashing-Giwa et al., 2003). The lack of African American health care professionals is another barrier to providing prevention education to that community. Further, American culture characterized by unhealthy diets, alcohol, smoking, and sedentary lifestyles increase cancer risks for African Americans.

For those living in poverty, particularly African Americans, additional socio-economic burdens such as living in high crime areas, unemployment and greater residential instability resulting in psychological stress, increase the likelihood of decreased health status (Felitti et al., 1998). Viswanath and Emmons (2006) also draw attention to the possibility that social factors such as class and neighborhood may moderate health outcomes. Outreach to African Americans neighborhoods that include the involvement of influential and trusted people, with targeted messages such as early education, free testing and transportation would all be good strategies to motivate cancer screening in the African American community (Fowler et al., 2006; Alpeter, Mitchell, & Pennell, 2005).

African Americans have a variety of cancer prevention and educational needs, such as information about risk factors for all types of cancer, when and how to conduct self examinations, the importance of early detection, the importance of regular and frequent visits to the doctor, and general health promotion. American culture characterized by unhealthy diets, alcohol, smoking, and sedentary lifestyles increase cancer risks for African Americans. The lack of African American health care providers and the lack of universal healthcare, especially given the level of poverty among African Americans, are major barriers to cancer screening for this population.

Implications

The findings suggest that African Americans might feel more comfortable, be more revealing of their true behaviors, and be more accepting of health information if there were more neighborhood health centers staffed with African American doctors, researchers, scientists and nurses. Prevention messages in African American communities need to be personalized and targeted in terms of gender, age, race/ethnicity and socioeconomic status. Messages should relay the cancer risks of smoking, drug abuse and alcohol use and counter health beliefs such as mistrust of doctors and health care professionals. Media campaigns should promote overall good health, diet, exercise, and the importance of regular and frequent

doctor visits. Celebrities and trusted, influential others need to get and stay involved in these efforts. Incentives such as cash, free transportation, and opportunities to meet a favorite celebrity or athlete all have potential for alleviating barriers. Additional efforts should include increasing the current pool of African American doctors, researchers, and scientists and support of universal healthcare.

Limitations

The sample was largely an educated, relatively young group of participants; the themes that emerged from these participants may differ from other groups of participants, such as those who are less educated and/or older. Future research should consider ways to increase health promotion in the African American community and among African American doctors, researchers, and scientists using samples that vary in composition.

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