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Sociocultural Differences and Colorectal Cancer Screening Among African American Men and Women

Kelly Brittain, PhD, RN, Carol Loveland-Cherry, PhD, RN, FAAN, Laurel Northouse, PhD, RN, FAAN, Cleopatra H. Caldwell, PhD, and Jacquelyn Y. Taylor, PhD, PNP-BC, RN, FAAN

The colorectal cancer (CRC) mortality rate among African Americans is 45% higher than Caucasians (American Cancer Society [ACS], 2011). Routine CRC screening is a key factor in CRC prevention (ACS, 2011). In general, 50% of individuals eligible for CRC screening have not been screened and the rates of adherence to CRC screening recommendations are low (ACS, 2011). However, almost 50% of eligible individuals have insurance coverage for CRC screening (Ward, Barnes, Freeman, & Schiller, 2011). Studies have shown that African Americans aged 50–64 years are less likely to be screened for colorectal cancer and be screened within the recommended time interval than Caucasians (ACS, 2011; Seeff et al., 2004). Increasing CRC screening rates is crucial in reducing the CRC disparity among African Americans. Results of intervention research to increase CRC screening (e.g., mass mailings, reminders, mass screenings) have had limited success (Powe, Faulkenberry, & Harmond, 2010; Rimer, Briss, Zeller, Chan, & Woolf, 2004; Stone et al., 2002).

Because of the amount of information available from family, friends, and the Internet, many people make an informed decision, which is one that is consistent with a person's understanding and preferences, without provider interaction and prior to an appointment with a healthcare provider (Rimer et al., 2004). Consequently, research is needed to help healthcare providers better understand whether informed decisions about CRC screening among African Americans are influenced by psychosocial factors (Underwood, Powe, Canales, Meade, & Im, 2004). The purpose of the current study was to examine the relationships among factors (e.g., cultural identity, family support, CRC beliefs) that may influence an informed CRC screening decision in older African American men and women and to determine if the variables differ among African American men and women.

Purpose/Objectives: To examine sociocultural factors that influence an informed decision about colorectal cancer (CRC) screening among African American men and women.

Design: Descriptive, cross-sectional.

Setting: A medical center, a National Cancer Institute-designated comprehensive cancer center, and various social organizations and barbershops in a midwestern city of the United States.

Sample: A purposive sample of African American women (n = 65) and African American men (n = 64) aged 50 years and older.

Methods: Participants completed a self-administered survey.

Main Research Variables: Cultural identity, CRC beliefs, family support, and informed decision.

Findings: Family support was positively related to CRC beliefs among participants, and CRC beliefs were positively related to an informed decision. However, among men, family support positively related to an informed decision about CRC screening. In addition, t-test results indicated that the men and women were significantly different. Family support predicted CRC beliefs among men ($p < 0.01$) and women ($p < 0.01$). CRC beliefs predicted CRC screening informed decisions among men ($p < 0.01$) and women ($p < 0.05$). However, the accounted variance was dissimilar, suggesting a difference in the impact of the predictors among the men and women.

Conclusions: Family support has a significant impact on CRC beliefs about CRC screening among African Americans. However, how men and women relate to the variables differs.

Implications for Nursing: To improve CRC screening rates, informed decision-making interventions for African Americans should differ for men and women and address family support, CRC beliefs, and elements of cultural identity.

Literature Review

Previous research has found that cultural characteristics most predictive of health behaviors among African Americans include collectivism, racial pride, religiosity,