Title:
Health Literacy Decision-Making and Prostate Cancer Knowledge of Rural African American Men in Alabama

Gwendolyn L. Hooper, PhD
JoAnn S. Oliver, PhD
Capstone College of Nursing, The University of Alabama, Tuscaloosa, AL, USA

Session Title:
Scientific Posters Session 2

Keywords:
Health literacy, Prostate cancer and Shared decision making

References:


Abstract Summary:
Prostate cancer is the second leading cause of cancer death in African American men. Guidelines for prostate cancer screening now promote shared decision making. This qualitative study found evidence of provider/patient communication barriers, low literacy rates and lack of knowledge regarding prostate cancer in a rural Alabama setting.

Learning Activity:

<table>
<thead>
<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognize the importance of identifying health literacy in the education of rural populations.</td>
<td>Written information; Oral discussion with participants</td>
</tr>
<tr>
<td>Describe the risks of prostate cancer in African American men.</td>
<td>Written information; Oral discussion with participants</td>
</tr>
</tbody>
</table>

Abstract Text:

Introduction/Background

Prostate cancer (PCa) is the second leading cause of cancer death in men with African-American (AA) men having a 70% higher incidence and mortality than Caucasians. When compared to urban communities AA men in rural communities have an additional 26% increase in mortality.

Guidelines for PCa screening promotes shared decision making a process that introduces choice, describes options, and explores preferences using the best evidence available.
AA men lack knowledge for making informed decisions when it comes to the threat, risks, screening and treatment of PCa making them more vulnerable to cancer death. Health care providers play a major role in providing the needed education and information for medical risks, prevention education and recommendations for prostate screenings; there is evidence that provider/patient communication barriers exist.

**Purpose:**

The purpose of this study was to determine how much AA men in four rural communities of Alabama know about PCa, what factors contribute to their PCa knowledge and what their experiences and perceptions are regarding the PCa information they receive from their health care provider.

**Methods:**

Using a qualitative approach, in-depth interviews were used to evaluate PCa knowledge and screening in AA men 40-74 years of age residing in one of four rural counties in Alabama. Criteria for inclusion included no prior diagnosis of PCa and the ability to read and comprehend English. A total of 43 men were recruited for this study with the assistance of local community leaders, residents and organizers. Interviews were one-hour in length and audiotaped in a private setting, usually the participant’s home. A single questionnaire was utilized to obtain demographic information. A list of semi-structured questions was used to assess basic health, health care issues and knowledge of PCa cancer and screening. Prompts and probes consistent with qualitative interviewing techniques were used to explore and elicit additional information on the topic of interest.

**Results:**

The study participants revealed three core themes: (1) Inadequate knowledge about PCa and PCa screening, (2) Health literacy and its influence on the AA population as it pertains to understanding PCa and PCa screening (3) Patient/provider barriers to communication

**Conclusions:**

Health literacy influences the understanding of PCa and PCa screening. Low health literacy rates combined with existing patient/provider communication barriers among a vulnerable, rural population can contribute to poor health outcomes.

This study makes a significant contribution towards the development of programs and health policy, and potential tools for interventions, all of which are important in the battle towards decreasing the PCa related mortality of AA men.