

Barriers for Prostate Cancer Screening in Rural African American Men

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Introduction

African American men have higher rates of prostate cancer and more advanced cancer when diagnosed than men of other ethnicities (American Cancer Society, 2015). This is particularly true for African American men residing in underserved and rural communities in the southeast region of the United States. (Singh, Williams, Siahpush & Mulholland, 2011).

The purpose of this study was to explore the perspectives and shared experiences of rural African American men when it comes to interactions with health care providers, shared decision making and information on prostate cancer and screening.

Participants

A convenience sample of 43 African American men from 4 rural counties in Alabama agreed to participate. Men were recruited with the assistance of local community leaders and organizers. Each had no personal history or diagnosis of prostate cancer and had the ability to comprehend and read English. All participants received a gift card for their time once the interviews were completed.

Table 1. Demographics of Participants

Table 3 Demographics	All Counties (N= 43)		County 1 (N= 11)		County 2 (N= 12)		County 3 (N= 10)		County 4 (N= 10)	
	Mean (SD)	Range	Mean (SD)	Range	Mean (SD)	Range	Mean (SD)	Range	Mean (SD)	Range
Age	54.42 (7.72)	40-71	53.45 (8.01)	40-63	56.42 (6.37)	46-63	53.80 (5.75)	47-62	53.70 (10.81)	40-71
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Marital Status	--	--	--	--	--	--	--	--	--	--
Married	32	74.4	11	100	6	50.0	7	70.0	8	80.0
Partnered	2	4.7	0	0	1	8.3	0	0	1	10.0
Single	4	9.3	0	0	3	25.0	1	10.0	0	0
Divorced	5	11.6	0	0	2	16.7	2	20.0	1	10.0
Education	--	--	--	--	--	--	--	--	--	--
Some HS	8	18.6	2	18.2	3	25.0	3	30.0	0	0
HS	18	41.9	4	36.4	4	33.3	4	40.0	6	60.0
Trade School	6	14.0	2	18.2	4	33.3	0	0	0	0
1-3 years of college	7	16.3	1	9.1	0	0	3	30.0	3	30.0
Bachelor's/post-grad	4	9.3	2	18.2	1	8.3	0	0	1	10.0
Income Adequacy	--	--	--	--	--	--	--	--	--	--
Not at all difficult	10	23.3	3	27.3	3	25.0	2	20.0	2	20.0
Not very difficult	11	25.6	1	9.1	1	8.3	3	30.0	6	60.0
Somewhat difficult	19	44.2	6	54.5	6	50.0	5	50.0	2	20.0
Very difficult	3	7.0	1	9.1	2	16.7	0	0	0	0

Data Collection and Analysis Methods

Qualitative Interview. An interview guide was developed by the research team to explore areas of prostate cancer knowledge, screening and provider interactions. Interviews were conducted by one researcher, an African American female with the intent being that an interviewer of the same race would increase participation through trust and confidence as reported in prior studies of African American research participants (Hatchett, Holmes, Duran & Davis (2000), Green, Bischoff, Coleman, Sperry & Robinson-Zanartu, 2007).

Qualitative Themes and Quotes

Qualitative analysis of transcribed interview data revealed the following themes.

Limited Knowledge of Prostate Cancer and Screening

Participants often confused prostate screening with other cancer screenings when asked "what is involved in prostate cancer screening?", their answers reflected a lack of knowledge as prostate cancer screening involves a simple blood test and a digital rectal exam only.

"I don't know anything about that." "I was put to sleep," "they took x-rays," "I was unable to eat or drink anything after 12 o'clock."

Variation in Patient Provider Communication

Almost half the participants felt the communication exchange and amount of information they received only improved if they were proactive.

"I don't stop [asking questions] until I understand."

Several participants felt their visits were too short or too rushed.

" it is more like business, you know, business, they say as little as possible."

Low Health Literacy Skills

Participants had difficulty with the use of medical terms, Though the statements made were not a testament to all of the men participating in the study, their comments provide some perspective as to the levels of health literacy that could impact patient-provider communication.

"Lot of them [doctors] use those big words that I don't understand." [Doctors] "need to use lighter terms, not some kind of medical terms, just simple words."

"I read but I don't understand, because I don't read that good."

Discussion

- Findings suggest that information about prostate cancer has not been adequately conveyed to, or discussed with individuals living in the rural areas included in our study.
- Lack of knowledge and health literacy has the potential to impact this group of men and their ability to share in decision-making with health care providers.
- What little information men received about prostate cancer came from others not their health care providers.



Limitations

- Findings cannot be generalized to the region and population.
- Lack of provider perspectives
- Health literacy in other populations would help define this concept and validate findings.

Conclusions and Implications

- Future research should focus on how to best reach patients with low literacy skills while avoiding judgment or embarrassment. Providers need ways to recognize patients with low health literacy and use everyday terms, not medical terminology.
- Since 60% of our participants had only a few years of high school, this suggests that education about how to communicate with providers about screening for prostate cancer should be introduced earlier to African American youth, for instance during middle school in health classes or school curriculums.



Acknowledgements

by the following grant:
The National Institute for Nursing Research (R21NR012550)