



Consistency Attitudes Toward Cancer Screenings in Four Ethnic Groups

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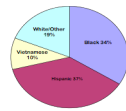


RESEARCH SITE: CARING HEALTH CENTER (CHC) SPRINGFIELD, MASSACHUSETTS

Caring Health Center:

- CHC is a Section 330 Federally-qualified health center
- CHC is located in a medically underserved area (MUA)
- >50% of CHC's adult patients require translation services

Caring Health Center Patient Population



Study Participants:

- White, African American, Latino, and Vietnamese CHC patients with hypertension and/or diabetes

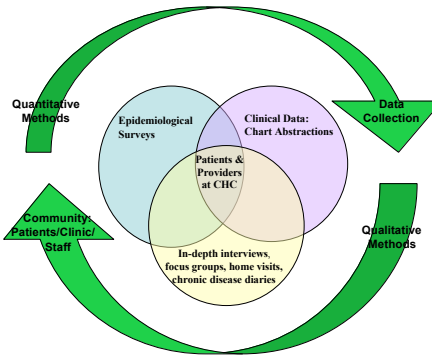
Sample Size and Break-down (N = 273)

	White	African American	Latino	Vietnamese
Cancer Knowledge, Beliefs, Attitudes	18	61	99	75
Diabetes	11	20	48	33
Hypertension	25	41	51	42

Preliminary results (N=273)

- 83% of Latino (PR) participants speak Spanish at home
- 34% of all participants had \leq 8th grade education
- 67% rated their health as fair to poor
- 59% are disabled
- 74% estimate their household income between \$400-1,200/mo

MULTI-METHOD, COMMUNITY-BASED RESEARCH



ACKNOWLEDGMENTS

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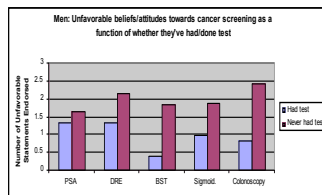
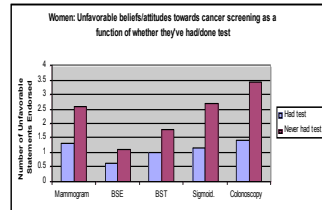
QUANTITATIVE FINDINGS: BELIEFS/ATTITUDES TOWARD CANCER SCREENINGS

- Consistency in Attitudes (+/-) Across Cancer screening Type: Beliefs/attitudes towards cancer screening types are remarkably consistent across screenings, regardless of whether the respondent is familiar with a given screening. These effects are stronger among men than women.

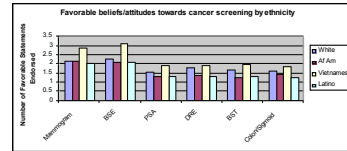
Attitudes towards cancer screenings by gender	α	Mean inter-item correlation
Women*		
Positive Attitudes	.70	.38
Negative Attitudes	.70	.37
Men**		
Positive Attitudes	.85	.59
Negative Attitudes	.87	.63

*Women responded to questions regarding mammogram, BSE, BST, and Colonoscopy/Sigmoidoscopy screenings
 **Men responded to questions regarding PSA, DRE, BST, and Colonoscopy/Sigmoidoscopy screenings

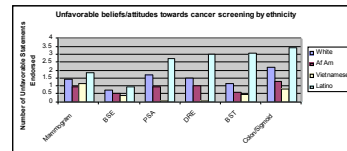
- For both men and women, never having had a cancer screening is generally associated with more unfavorable beliefs/attitudes towards all screenings.



- Of the four ethnic groups, Vietnamese participants have the most favorable beliefs/attitudes towards cancer screenings overall



- Of the four ethnic groups, Latinos have the most unfavorable beliefs/attitudes towards cancer screenings



QUALITATIVE FINDINGS: BELIEFS/ATTITUDES TOWARD CANCER SCREENINGS

- Overall, Vietnamese had the most favorable beliefs/attitudes (e.g., will decrease my chances of dying from breast cancer) about all cancer screenings.

Vietnamese participants discussed their trust in the doctor and in the U.S. medical system:

- One Vietnamese participant explained that he doesn't trust advice from friends, family members, and clergy as much as he trusts his doctor. He explained that he lives here and he trusts the medical system. Another participant described feeling less worried about her health after a colonoscopy: "No more worry because I trusted the doctor."

- Overall, Latinos had fewest favorable (e.g., don't worry about cancer) and most unfavorable (e.g., painful, expensive) beliefs/attitudes about all cancer screenings.

Previous negative experiences with similar procedures might affect willingness to get cancer screening:

- Although her doctor recommended it, one Latino participant told us she felt mentally unprepared to have a colonoscopy. She had an endoscopy more than twenty years ago and had a bad experience following the procedure: "And after I got out I became very ill with the reaction that I had. I gained a lot of...Terror! So then, they don't say if they make you go to sleep or-I am really bad at drinking liquids... So it reminds me of that experience. And perhaps that's why I don't do it, because of a fear of that."

QUALITATIVE FINDINGS: BELIEFS/ATTITUDES TOWARD CANCER SCREENING

- Across diverse groups, beliefs/attitudes toward cancer screenings may be influenced by information exchanged within one's social network:

- One Vietnamese participant described her fears about having a colonoscopy based on stories she had heard from friends about being anesthetized so she's not aware of what happens, and preparing the colon for the test. Once she completed the test, however, she felt these fears were unfounded and now she encourages her friends to have the test, explaining, you don't have to be worried, "it's nothing."

- A Latino participant told a story about his boss's experience with cancer in describing his understanding of colonoscopy.

(Participant): [It is] Like a cyst. I imagine that it starts like that first, but on the inside. And if you leave it well, that's where it starts turning into cancer because it starts becoming more serious. And if you detect it when it's like that, small, just starting, and the only way that you can sit with that test, then you have time to be saved. ... Because that happened to the guy who was my boss. He is 67 years old and he did that exam and they found that he already had a bit of cancer in the pancreas. And I think that it was with some laser treatment, they burned it and he was saved! Yes, he, he-and he's still in treatment, but they didn't have to make a hole so that he could go to the bathroom or to eat. They didn't have to do any of that. He was like us normal. But the tube, that, that sp- you know... Uh-huh! He was... saved because he had that test done on time. If he had waited, for example 2 or 3 months more. Let's say 4 months more, without doing that. He could have died, or been this way, you know.

(Interviewer): So then if someone, if their doctor recommends that you do it, what would you do?

(Participant): I would do it immediately.

CONCLUSIONS & RECOMMENDATIONS

Conclusions:

- A favorable cultural disposition towards physicians and health care more generally may contribute to Vietnamese attitudes towards cancer screenings.

- Since beliefs/attitudes towards cancer screenings appear uniform across cancer screening type, health education interventions on any single screening may have broad benefits in beliefs/attitudes across cancer types.

- Positive experiences with cancer screening can serve as a tool for community health education within diverse ethnic social networks.

Recommendations:

- Since patients who have never had any cancer screening tend to have the most favorable beliefs/attitudes towards all screenings, primary care providers should refer patients, especially Latino patients, to the most accessible screening possible.

- Health educators should focus on benefits of screenings, and specifically address Latino patients' concerns about cancer screenings.

- Since positive experiences with cancer screening may serve as a source of social support for getting cancer screenings, health clinics and educators should identify community members of different ethnic groups and a social network forum where they can share their positive cancer screening experience with their community.