

Communities' Attitudes Toward Cancer Screenings Shed Light on Cultural Differences

By Michael S. Broder



Exploring the extent to which communities utilize preventive health measures, such as screenings for different types of cancer, can show significant differences in attitudes and behaviors among different cultures. Understanding these differences can help health educators design culturally appropriate interventions to encourage people to protect their health. Distrust of the medical profession, lack of access to care, low perceptions of risk, linguistic issues, or embarrassment about specific procedures can be barriers to care in some populations. Several studies at the School have looked at prostate-cancer awareness among African American men, while the Center for Family and Community Health has worked with the local Korean American community to increase use of breast- and cervical-cancer screenings among Korean American women.

African American Men at Risk

African American men have a higher risk of prostate cancer than any other racial or ethnic group. They are twice as likely as white men to develop prostate cancer, and they are less likely to be diagnosed in the early stages when it can be treated effectively. In addition, men of any race who have a family history of prostate cancer are twice as likely to develop it as those with no family history—so African American men who have a father or brother with prostate cancer are at extremely high risk.

Joan Bloom, Ph.D., professor of health policy and management, has studied the immediate family members of both African American and white men with prostate cancer, looking at the differences in their awareness of their increased risk and their use of preventive screenings. In a study conducted from 2002 through 2005, Bloom's research group contacted men with prostate cancer through the Cancer Tumor Registry and asked them to refer a father, brother, or son to the study.

“If they didn't have a close relative, or if the one they had already had prostate cancer, then we asked them to refer a friend.” Bloom stresses the importance of using culturally-appropriate language when conducting research: “We found that the African American men considered a friend to be more than an acquaintance; it's someone who would die for them. So there was some difficulty in recruiting participants.” To fill out the sample, additional eligible participants were recruited from African American community groups.

Says Bloom, “Essentially, we found fairly classic disparities.” In telephone interviews, African American men were more likely than white men to report their risk of prostate cancer as low

African American men who have a father or brother with prostate cancer are at extremely high risk.

(62.9 percent of African American men compared to 37.2 percent of white men). White men were more likely to have had digital rectal exams or prostate specific antigen (PSA) tests, both in the past year and within their lifetimes. A higher percentage of the African American men reported barriers to screening, including the physical discomfort of a digital rectal exam and the cost of the PSA test. They were also more likely to agree with the statement that the PSA test caused unnecessary worry about prostate cancer.

In another study, Bloom interviewed African American men who have a family history of prostate cancer and African American with no family history to compare risk perception and worry about the disease. Those who perceived their risk of prostate cancer to be high were more likely to have had a recent PSA test.

A follow-up intervention, currently underway, is examining the effectiveness of a culturally-sensitive risk-notification and telephone-counseling program among 300 African American men in Northern California who have a relative or friend with prostate cancer. “Ultimately the findings of this project are highly transferable for use in settings where men seek information and screening services,” says Bloom.

Working with the Korean American Community

Koreans constitute the fifth largest Asian subpopulation in the United States. Joel M. Moskowitz, Ph.D.,



Korean language information brochures encourage women to be screened for breast and cervical cancer.

director of the Center for Family and Community Health, has been conducting research within the Korean American community for 13 years, working with the Korean Community Advisory Board (KCAB), a group assembled by the center. KCAB's members represent Korean businesses, health care providers, faith-based organizations, elders, young adults, and others. The group advises the center on health priorities and needs in the Korean American community.

“One of the first things we found when we started working with this community is that there were hardly any data on Korean Americans,” says Moskowitz.

continued on page 12

Cancer Screenings..., continued

“Most of the attention at that point had gone to the larger groups, such as Chinese Americans, but Korean Americans, who are fairly recent immigrants—almost all the adults are first generation Americans—had been very much understudied. It became apparent to us that the more we could uncover about community health problems, the more useful it would be to the Korean American community, and to other Asian American communities within California particularly, because California has the bulk of the Asian Americans in the country.”

Korean American Women Receive Fewer Screenings

The Korean Community Advisory Board identified breast- and cervical-cancer screening as its top priority. In 1994, 1997, and 2002, the Center for Family and Community Health and a community partner, Asian Health Services, conducted telephone surveys among Korean Americans in Alameda and Santa Clara Counties regarding breast- and cervical-cancer screening. Comparing the results with surveys of all California women, they found that Korean women in Santa Clara County received less frequent breast- and cervical-cancer screening than other women. Preventive screenings included routine checkups, Pap tests, and breast self-examinations for all women, and clinical breast examinations and mammograms for women ages 50 and older.

From 1994 to 2002, mammography screening for older Korean women increased in Santa Clara County, as well as routine checkups and clinical breast examinations. “Although there’s been improvement, there’s still a big gap compared to the general population,” says Moskowitz.

When it comes to preventive screenings for women’s health, not only are there large disparities between Korean Americans and the general population, but also between Korean Americans and other Asian Americans. Moskowitz suggests this could be related to Korean Americans’ lack of access to health insurance, which may be due to the large number of Korean Americans who own or work for small businesses. “It’s just too expensive for small businesses to maintain health insurance. And from our local surveys, the major barrier to health care has been high cost,” he says.

Doctor’s Ethnicity May Play a Role

Fear, embarrassment, or language barriers have also been suggested as factors that could discourage Korean American women from receiving preventive health screenings. Surprisingly, though, surveys found that women who received care from a Korean doctor were less likely to have had a recent Pap test, mammogram, or clinical breast examination than women who received care from a non-Korean doctor. “The assumption that you will always receive better care from an ethnic-specific provider or someone who speaks the same language as you is not necessarily accurate,” says Moskowitz. He speculates that perhaps Korean American health care providers don’t view the screenings as a priority because rates of breast cancer in the community are fairly low. Also, Korean American doctors tend to spread themselves thin with multiple practices in different communities. The disparity could also be related to the fact that the doctors are mostly male, or it could be that their patients are more resistant. “Really, it could be a variety of factors,” says Moskowitz.

Overcoming the Barriers

Based on the data from the initial telephone survey, the center, in collaboration with Asian Health Services, designed and implemented culturally-appropriate programs to encourage breast- and cervical-cancer screenings among Korean Americans in Alameda County. Activities included educational workshops conducted in Korean churches and other community venues, training of bilingual Korean American women as health counselors, a media campaign that used financial incentives to encourage screening, and a poster campaign. Participants in the workshops were found to be more likely to get Pap tests but not to receive breast examinations. The center and its partners continue to look for ways to encourage preventive health screening among Korean Americans. 