

# African Americans With a Family History of Colorectal Cancer: Barriers and Facilitators to Screening

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African Americans have a 20% higher rate of colorectal cancer (CRC) development and a 48% higher incidence of disease-related death compared to Caucasians (American Cancer Society [ACS], 2011), and the burden of this disease is large, with about 143,640 new cases projected to be diagnosed in the United States in 2012 (ACS, 2012). Secondary prevention is key in detecting the disease early, when it often is curable, but screening rates are particularly low in African Americans (ACS, 2011) despite improvements in the early detection of CRC (Breen, Wagener, Brown, Davis, & Ballard-Barbash, 2001). Reasons for low screening rates in African Americans are not well understood, particularly in those with a family history of the disease.

In Caucasians, family history of CRC often is associated with increased rates of screening when compared to those without a family history of the disease (Chao et al., 2004; Lemon, Zapka, Puleo, Luckmann, & Chasan-Taber, 2001; Madlensky, Esplen, Gallinger, McLaughlin, & Goel, 2003; Thrasher et al., 2002). In African Americans, however, lower rates of CRC screening have been found in first-degree family members of patients with CRC compared to those without a family history of the disease (Griffith, McGuire, Royak-Schaler, Plowden, & Steinberger, 2008). Among those with a family history of CRC, African Americans have a significantly lower endoscopy completion rate compared to Caucasians (9% versus 27%;  $p < 0.03$ ) (Espey et al., 2007). Some work suggests that African Americans at high risk for hereditary nonpolyposis CRC and familial adenomatous polyposis have significantly lower rates of knowledge about their family histories and the increased risk conferred by that fact (Kupfer, McCaffrey, & Kim, 2006).

The purpose of this study was to explore barriers and facilitators of CRC screening among African Americans with first-degree relatives diagnosed with CRC, as well as to gather suggestions for program content designed to improve CRC screening rates within this population.

**Purpose/Objectives:** To explore barriers and facilitators of screening for colorectal cancer (CRC), as well as suggestions for improving screening among African Americans with first-degree relatives with CRC.

**Research Approach:** A qualitative, descriptive approach involving focus groups.

**Setting:** A community healthcare clinic in Baltimore, MD.

**Participants:** 14 African American men and women aged 40 or older with at least one first-degree family member affected by CRC.

**Methodologic Approach:** In-depth focus groups were conducted until thematic saturation was achieved. Thematic analysis and data reduction were conducted using ATLAS.ti, version 5.0.

**Main Research Variables:** CRC screening barriers and facilitators.

**Findings:** The participants were mostly male, insured, and had a parent with CRC. Commonly reported barriers to CRC screening included fear of serious illness, mistrust of the medical establishment, potential screening discomfort, lack of information on CRC risk factors, lack of healthcare access, absence of symptoms, no knowledge of CRC screening benefits, community reticence about cancer, and CRC myths. Facilitating factors for CRC screening included a belief of personal risk for CRC, physician recommendations, and acknowledgment of age as a risk factor. Suggestions to increase screening rates included distribution of culturally appropriate and community-based efforts (e.g., mobile units, church-based interventions). Participants also suggested ways to increase motivation and provide social support for screening patients.

**Conclusions:** Additional research is needed to identify and test effective screening approaches for this underserved group at increased risk for CRC. Study results suggest that cancer risk and screening education, coupled with screening opportunities in the community, may yield increased screening rates.

**Interpretation:** Lack of knowledge about CRC and CRC screening exists in the study population. Promoting screening across generations, developing and disseminating culturally appropriate educational materials within the community, and encouraging older individuals to screen to take care of their family may be appropriate interventions.