

Study evaluates factors associated with racial disparities in colon cancer screening

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Blacks and Hispanics appear less likely to undergo colorectal cancer screening than whites because of socioeconomic, health care access and language barriers, according to a report in the June 23 issue of *Archives of Internal Medicine*, one of the JAMA/Archives journals. However, other factors may contribute to screening disparities experienced by Asians.

Colorectal cancer screening rates lag behind those for other cancer screening tests, according to background information in the article. In addition, marked disparities appear to exist between non-Hispanic whites and racial and ethnic minorities in the United States. "Such disparities in screening may contribute to the higher colorectal cancer incidence and mortality [death] rates observed in racial/ethnic minorities relative to non-Hispanic whites," the authors write.

Anthony F. Jerant, M.D., and colleagues at the University of California Davis School of Medicine, Sacramento, analyzed data from two national surveys conducted between 2000 and 2005. A total of 22,973 adults age 50 and older answered questions about demographics, colorectal cancer screening behaviors and other social and health care factors.

Overall, 54.1 percent of the participants were screened for colorectal cancer using either colonoscopy or fecal occult blood testing (FOBT). Individuals in racial and ethnic minority groups were less likely than whites to be tested—33.8 percent of Asians, 48.2 percent of blacks and 36.7 percent of Hispanics underwent a screening procedure, compared

with 57.2 percent of whites.

After adjusting for other factors associated with screening behavior—including demographics, socioeconomic variables, language spoken at home, health care access and self-rated health—disparities between blacks, Hispanics and whites disappeared, the authors note. "Beyond socioeconomic factors, which disproportionately affect minorities, these findings suggest the effect of access and, for Hispanics, language-appropriate care on colorectal cancer screening uptake," they write.

However, after adjusting for the same factors, disparities between whites and Asians remained significant. "Although this study does not permit firm conclusions regarding the reason for this finding, the implication is that unmeasured cultural factors may contribute to the Asian/non-Hispanic white disparity in colorectal cancer screening," the authors write. "Less acculturated Asian individuals in the United States may have core health beliefs and values that differ from those in the 'Western' health model, leading them to decline FOBT or endoscopy offered in the absence of worrisome symptoms. They may also be less likely to be offered colorectal cancer screening."

The findings suggest that different types of programs may improve screening rates in separate minority groups, the authors conclude. Culturally targeted interventions for patients and physicians may help address Asian individuals, enhancing access to health care may help mitigate disparities between white and black patients and maximizing access and offering language-appropriate care and information may increase the number of Hispanics who are screened.

Source: JAMA and Archives Journals

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