



# Small Pebbles Make Big Ripples - Racial/Ethnic Differences Related to Colorectal Cancer Screening in Adults from Underserved Communities: Knowledge, Attitudes and Beliefs, Screening

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## Background

Adherence to the United States Preventative Services Task Force (USPSTF) screening recommendations promotes early detection of disease in asymptomatic individuals, is cost effective, and saves lives. Cancer health disparities and cancer outcomes are significantly impacted by race, ethnicity, and socioeconomic status. Identifying knowledge, attitudes and beliefs, and screening patterns related to early cancer detection has significant implications for quality of life, longevity, and overall wellness.

This study aimed to identify knowledge, attitudes, beliefs and screening patterns of predominantly Latino/a/x and Black/African American residents in South Los Angeles County. This information will help develop targeted strategies to improve health outcomes in these populations.

## Methods

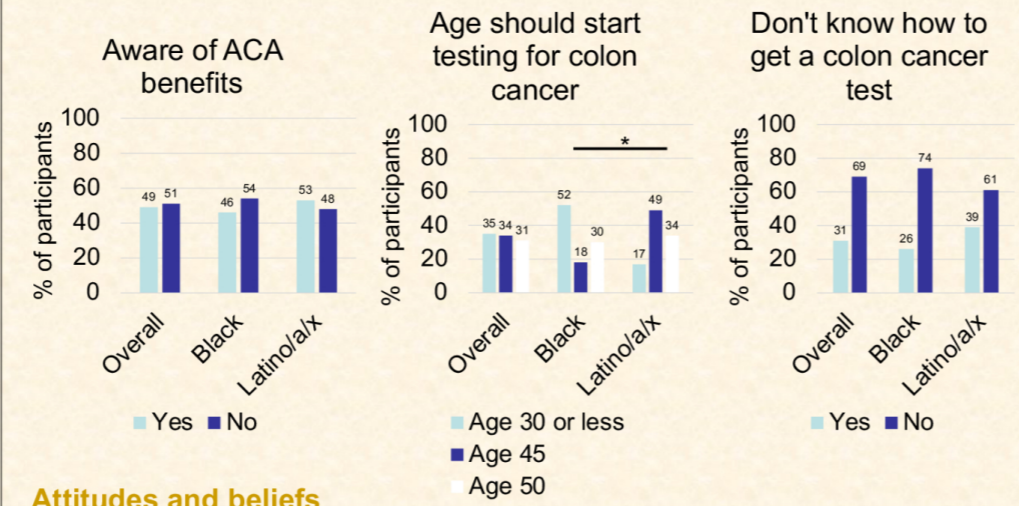
- Cross-sectional study
- 120 community living adults aged 45-75 years old
- No prior history of colon cancer or terminal disease
- 66-question survey about knowledge, attitudes and beliefs, screening, and medical insurance
- Analyses include descriptive statistics and chi-square tests. P<0.05 was considered significant

## Results

### Participant Characteristics

- Average age 60.1 ± 13.5 years
- 57% female
- 52% Latino/a/x; 44% Black/African American
- 46% had annual household income <\$10,000.
- 35% had not completed high school; 31% had high school diploma
- 13% were uninsured

### Knowledge



### Attitudes and beliefs

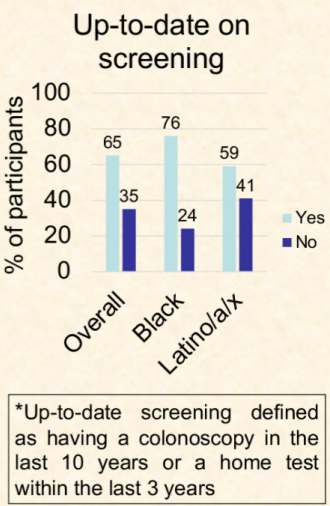
	Overall # (%)	Black or African American # (%)	Latino/a/x # (%)	pvalue
It is likely that I will get colon cancer.				<0.001
Yes	37 (30.8)	6 (12.0)	28 (47.5)	
No	83 (69.2)	44 (88.0)	31 (52.5)	
I feel I will get colon cancer sometime during my life.				0.002
Yes	34 (28.3)	7 (14.0)	24 (40.7)	
No	86 (71.7)	43 (86.0)	35 (59.3)	
Having a colon cancer test will help me find colon cancer early.				0.190
Yes	108 (90.0)	44 (88.0)	56 (94.9)	
No	12 (10.0)	6 (12.0)	3 (5.1)	
If colon cancer was found early through a colon cancer test, my treatment would not be as bad.				0.639
Yes	91 (75.8)	40 (80.0)	45 (76.3)	
No	29 (24.2)	10 (20.0)	14 (23.7)	
Having a colon cancer test will decrease my chances of dying of colon cancer.				0.368
Yes	100 (83.3)	41 (82.0)	52 (88.1)	
No	20 (16.7)	9 (18.0)	7 (11.9)	
Having a colon cancer test exposes me to unnecessary risk.				0.478
Yes	33 (27.5)	13 (26.0)	19 (32.2)	
No	87 (72.5)	37 (74.0)	40 (67.8)	
I am afraid to have a colon cancer test because I don't understand what will be done.				<0.001
Yes	23 (19.2)	3 (6.0)	20 (33.9)	
No	97 (80.8)	47 (94.0)	39 (66.1)	

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## Results

### Screening

	Overall # (%)	Black # (%)	Latino/a/x # (%)	pvalue
Plan on screening in next year				0.527
Yes	77 (64.2)	31 (62.0)	40 (67.8)	
No	43 (35.8)	19 (38.0)	19 (32.2)	
Plan on screening in next year, among those not up-to-date				0.333
Yes	26 (61.9)	6 (50.0)	16 (66.7)	
No	16 (37.2)	6 (50.0)	8 (33.3)	
Reason for not screening last 10 yrs.				0.482
No reason/never thought about it, or didn't know it was needed	96 (80.0)	38 (76.0)	49 (83.1)	
Haven't had any problems	14 (11.7)	8 (16.0)	5 (8.5)	
Other barrier	10 (8.3)	4 (8.0)	5 (8.5)	



## Discussion

There is a lack of awareness among some racial and ethnic groups about ACA benefits and the age to start CRC screening. When compared to Latino/a/x individuals, Blacks/African Americans are more likely to be unaware of ACA benefits and less likely to believe that they will get CRC cancer. Fear and lack of understanding about the test are barriers to screening, particularly among Latino/a/x community members. Despite recognizing screening benefits, nearly one third of participants are not up to date on CRC screening, and nearly 40% of participants who are not up to date have no intent to screen in the next year. In addition, nearly 30% of participants feel that CRC screening exposes them to unnecessary risk.

## Conclusions

This study identified knowledge, attitudes and beliefs, and screening patterns in high-risk communities. Increasing the awareness of risk for CRC and providing education about screening recommendations, methods, and ACA benefits can lead to better outcomes for individuals at risk for CRC. Interventions to increase early detection in racial/ethnic minorities should be culturally tailored to enhance screening rates. **PAs are perfectly positioned to address CRC health disparities by enhancing patient knowledge and addressing barriers related to CRC screening in at-risk communities.** Study limitations include a small sample size (n=120) and natural bias from snowball sampling.

### References

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