

ABSTRACT #:

Title: Assessing Psychosocial, Cultural, and System-Level Barriers to Colorectal Cancer Screening Among African-Americans

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Colonoscopy has been found to be an effective tool for the prevention and control of colorectal cancer (CRC), yet it is underutilized by African Americans (AAs). Consequently, AAs with CRC are diagnosed at late stages and suffer disproportionately higher mortality rates. This study assessed barriers to colonoscopy screening among AAs and identified specific motivational strategies to increase AAs' utilization of colonoscopy. Data were collected during ten (n=10) semi-structured focus groups and eleven (n=11) in-depth semi-structured interviews.

The focus group sample comprised 50 male and 45 female (n=95) AAs aged 45 years and older residing in medical underserved areas (MUAs) and attending a specific Baptist religious organization in South Carolina. The majority of barriers identified by participants were: lack of knowledge about colonoscopy, fear, lack of insurance or poor insurance coverage, transportation, poor communication about CRC and colonoscopy both with health care providers and family members, and distrust of the healthcare system and their providers. Participant identified strategies to increase motivation included: dispelling unrealistic fears about CRC and colonoscopy through targeted interventions and reducing out-of-pocket costs for colonoscopy.

The in-depth interview sample was comprised of eleven (n=11) healthcare administrators and physicians familiar with the administrative and policy factors associated with colonoscopy in the same MUAs where the focus groups were conducted. The majority of barriers identified by participants were: AAs are not educated about CRC as an asymptomatic disease in all but very late stages or the importance of prevention; the profit motive of the United States (US) healthcare system; nonexistent physician recommendation; capacity issues; and logistical problems, which included issues related to the "gatekeeper" process and referral processes. Participants identified strategies to increase accessibility including: improving AAs knowledge about CRC; improving patient-physician interactions; developing patient navigation systems; and training primary healthcare practitioners in colonoscopy procedures.

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