

Breast and Cervical Cancer Disparities in SC: African-American Perspective

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As the articles on breast and cervical cancer point out in detail, African-Americans suffer from high death rates in both of these cancers.^{1,2} According to the National Cancer Institute (NCI), disparities are determined and measured by three health statistics: incidence, mortality, and survival rates. Health disparities occur when one group of people has a higher incidence rate (e.g., in cervical cancer), when the mortality rate is higher, or the survival rate is lower than for another group. As in the case of breast cancer, health disparities are found in a variety of other health outcomes that include: infectious diseases, asthma, infant mortality, cardiovascular disease, diabetes, and HIV/AIDS. These diseases, and their causes, tend to cluster. Therefore, when a community has a high rate of one disease it tends to have high rates of the others, too.

Many African-Americans are unfamiliar with the term “health disparities,” but the impact that health disparities have on their communities is dramatically evident. While the most common types of cancer among African-American women are breast and cervical cancer, these cancers are not talked about around the dinner table or during family functions. Many African-American women falsely believe they are at lower risk for getting cancer than European-Americans.³ These beliefs, along with personal fears and attitudes about cancer, prevent African-American women from being screened and treated.

While progress has been made in the areas of cancer prevention, detection, treatment, and palliation, perceptions among African-Americans remain the same.⁴ The mere thought of cancer continues to evoke visions of pain, mutilation, suffering, and death among African-Americans.⁴ Guidry et al., stated, “In order to address the role of culture and psychosocial issues that affect African-American women, we must address the following key psychosocial and cultural issues: fear, distrust, fatalism, anxiety, faith in God, lack of empowerment, real or perceived racial discrimination, putting one’s family needs above one’s own needs, the role of the extended family, and various other factors.”² Until psychosocial and cultural issues are addressed in health promotion programs, health disparities will continue to merely be “buzz words” among researchers; no real change will be realized.

We need to adapt educational programs to meet the specific needs of African-American women. Currently, SC Team Up is moving in that direction. Team Up is a national partnership to increase

breast and cervical cancer screening among rarely/never screened individuals. The national partners include the American Cancer Society (ACS), Center for Disease Control and Prevention (CDC), NCI, and the United States Department of Agriculture (USDA). Local partners include the Institute for Partnerships to Eliminate Health Disparities and South Carolina Cancer Disparities Community Network. SC Team Up is conducting breast and cervical cancer educational presentations in churches and communities centers in Orangeburg County, one of the largest concentrations of African-Americans in the state. These educational programs will address the role of cultural and psychosocial issues that affect African-American women. The goal of the partnership is to reduce cancer-related fear and anxiety in Orangeburg County and to increase breast and cervical cancer screening for women who are rarely/never screened. Researchers in SC are interested to discover breast cancer is much more lethal in African-American women and to establish a mammography registry in Orangeburg. With these programs, the community is recognized as an important partner. The final stage of translating new knowledge into practice requires that communities use their unique knowledge to guide the process. Engaging the community is an important component in overcoming disparities.

Researchers and health professionals should be encouraged to utilize organizations such as the NCI Cancer Information Service (CIS), and the South Carolina Cancer Alliance (SCCA) with the goal of increasing cancer prevention over time. Such change could significantly decrease cancer rates. These organizations can be used as vehicles to develop and deliver culturally appropriate messages to African-American women.

References:

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